# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 2 day of May , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 05/02/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J Permit Number: 0018-4401 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:08pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: \_\_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 1210 Test Date: 05/02/2024 Test Time: 2:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:16pm

Preventive Maintenance Status: Pass

Pass

2:16pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	rial No. 00 8 C 00	wrc	
The preventive serial number	e maintenance procedures for th 10,000 or higher) to be followed	e Intoximeters, Model Intox EC/IR II a d at least once every four months are:	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canii breath simulator thermome	ster displays at least 51 pounds per squater shows 34 degrees, plus or minus .2 d	ure inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays	time and date;	
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	eted;	
(5)	Verify instrument accuracy	*	
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and	d confirm preventive maintenance status	of "Pass": and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
		/	
I certify that on were performed and Human Ser	the 26 day of d on the instrument indicated all vices, and the instrument is fund	hove in accordance with current regula	ng preventive maintenance procedures ations of the N.C. Department of Health
Com see	1 2- 1		

BEAUFORT COUNTY BAT MOBILE UNIT 7 060

Serial Number: 008600 Test Date: 05/26/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Anderson, Mark G Permit Number: 0013-1517 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	4:08pm
AIR BLK	.00	4:08pm
ACCY CHK	.07	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BEAUFORT COUNTY BAT MOBILE UNIT 7 060

Serial Number: 008600 Test Record Number: 2749
Test Date: 05/26/2024 Test Time: 4:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:16pm 4:16pm
FC	Pass	4:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
BT	Pass	4:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:17pm

4:17pm

Preventive Maintenance Status: Pass

CAL Pass

Man

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 15 day of May, 202 Ythe forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning properly.

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Date: 05/15/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:22am
ACCY CHE	80.	11:23am
AIR BLK	.00	11:24am
SUB TEST	00. 1	11:25am
AIR BLK	.00	11:26am
SUB TEST	00. 1	11:27am
AIR BLK		11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cl. Re Ban

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 2143 Test Date: 05/15/2024 Test Time: 11:29am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:29am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
ere performe	the 17 day of MAY 20 2Y the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt revices, and the instrument is functioning property.

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Date: 05/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W
Permit Number: 9523-2149
Effective:
01/01/2024-01/01/2026

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK		11:24am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:26am
AIR BLK		11:27am
SUB TEST		11:29am
ATP BLK	V1072020.11	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1655 Test Date: 05/17/2024 Test Time: 11:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:31am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

Test

1606	Scacas	A A III.O
PRNT	Pass	11:32am
	CRC Tests	

Statue

Time

Test	Status	Time
COMP	Pass Pass	11:32am 11:32am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ial No. <u>008585</u>	<u> UE /EN //ON</u>	CENTER
	maintenance procedures for the Intoximete 10,000 or higher) to be followed at least one		EC/IR II (Enhanced with
(1)		s at least 51 pounds per square inch (psi) of 4 degrees, plus or minus .2 degree centigrad	
(2)	Verify instrument displays time and da	te;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, coll	ect breath sample;	
(7)	When "PLEASE BLOW" appears, coll	ect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm p	reventive maintenance status of "Pass"; and	i
(10)	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration date, every four months or after 125 Alcoholic	, or the alcoholic breath c Breath Simulator tests,
were performe	the		maintenance procedures

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 05/15/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	6:26pm
AIR BLK	.00	6:26pm
ACCY CHK	.08	6:27pm
AIR BLK	.00	6:28pm
SUB TEST	.00	6:29pm
AIR BLK	.00	6:30pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

al Ry B.

Rev. 12/2007

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 5789 Test Date: 05/15/2024 Test Time: 6:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:33pm
FLO	Pass	6:33pm
FC	Pass	6:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:33pm
SRC	Pass	6:33pm
DET	Pass	6:33pm
BAR	Pass	6:33pm
BT	Pass	6:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:33pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:34pm 6:34pm

Preventive Maintenance Status: Pass

Ol 27 Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	lodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree	ch (psi) of pressure, or the alcoholic e centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests
I certify that on were performed and Human Ser	the day of MAY, 2024 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedure ns of the N.C. Department of Healt
The same of		685
	Signature of Certifying Official	Certificate Number

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 05/17/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective: 01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:24am
AIR BLK	.00	9:25am
ACCY CHK	.07	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:30am
ATD BIK	.00	9:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 5547 Test Date: 05/17/2024 Test Time: 9:32am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:32am
FLO	Pass	9:32am
FC	Pass	9:32am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:32am
SRC	Pass	9:32am
DET	Pass	9:32am
BAR	Pass	9:32am
BT	Pass	9:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:33am
	CRC Tests	1

Test	Status	Time
COMP	Pass	9:33am
CAL	Pass	9:33am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:  Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
certify that on	the 15 day of May 20 24 the forgoing preventive maintenance procedure
were performed	the 15 day of May . 20 24 the forgoing preventive maintenance proceds on the instrument indicated above, in accordance with current regulations of the N.C. Department of He vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 05/15/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 0014-6279 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	4:32pm
AIR BLK	.00	4:33pm
ACCY CHK	.07	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1928 Test Date: 05/15/2024 Test Time: 4:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	4:39pm
FC	Pass	4:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
BT	Pass	4:40pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:40pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:40pm

Preventive Maintenance Status: Pass

Pass

4:40pm

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3/5/ day of
V Same	1 / Bant 673

BRUNSWICK COUNTY BAT MOBILE REGION 3

Serial Number: 008869 Test Date: 05/31/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG302704 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:37pm
AIR BLK	.00	8:38pm
ACCY CHK	.08	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE REGION 3 090

Serial Number: 008869 Test Record Number: 1851 Test Date: 05/31/2024 Test Time: 8:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:45pm

#### Temperature Tests

us Time
8:45pm

#### Blank Tests

Test	Status	Time	
ATR	Pagg	8:46pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm
	CRC Tests	
Test	Status	Time

lesc	Status	Time
COMP	Pass	8:46pm
CAL	Pass	8:46pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 15 day of 144 above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 05/15/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 0014-6279
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colon Ry Ban

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 961 Test Date: 05/15/2024 Test Time: 2:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm
WILK	rass	2.320111

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

			Idead	
Instrument Seri	al No. <u>008598</u>	-	Leland	
		the Intoximeters, Model Into wed at least once every four n		Intox EC/IR II (Enhanced with
(1)		anister displays at least 51 po meter shows 34 degrees, plus		si) of pressure, or the alcoholic igrade;
(2)	Verify instrument displa	ys time and date;		
(3)	Initiate breath test seque	nce;		
(4)	Enter information as pro	mpted;		
(5)	Verify instrument accura	acy;		
(6)	When "PLEASE BLOW	" appears, collect breath sam	ple;	
(7)	When "PLEASE BLOW	" appears, collect breath sam	ole;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive main	tenance status of "Pass"	; and
(10)				date, or the alcoholic breath sholic Breath Simulator tests,
I certify that on were performed and Human Ser	the 3/34 day of d on the instrument indicate vices, and the instrument is	Moy , 20 3 d above, in accordance with functioning properly.	the forgoing prever current regulations of the	ntive maintenance procedures he N.C. Department of Health
S/EH		0 10		1
om so		Signature of Certifying Of		U73 Certificate Number

BRUNSWICK COUNTY BAT MOBILE REGION 3

Serial Number: 008898 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	7:02pm
AIR BLK	.00	7:03pm
ACCY CHK	.08	7:03pm
AIR BLK	.00	7:04pm
SUB TEST	.00	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:07pm
AIR BLK	.00	7:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY BAT MOBILE REGION 3 090

Serial Number: 008898 Test Record Number: 1834 Test Date: 05/31/2024 Test Time: 7:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:09pm
FLO	Pass	7:09pm
FC	Pass	7:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:09pm
SRC	Pass	7:09pm
DET	Pass	7:09pm
BAR	Pass	7:09pm
BT	Pass	7:09pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	7:10pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:10pm
	CRC Tests	
Test	Statue	Time

Test	Status	Time
COMP	Pass	7:10pm
CAL	Pass	7:10pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser				
	rial No. 008939	-	BAT Mobile	
The preventive serial number	e maintenance procedures for 10,000 or higher) to be follow	the Intoximeters, Model Int wed at least once every four	ox EC/IR II and Model Int	ox EC/IR II (Enhanced with
(1)	Verify the ethanol gas ca breath simulator thermor	nister displays at least 51 pe neter shows 34 degrees, plus	ounds per square inch (psi) s or minus .2 degree centigi	of pressure, or the alcoholic rade;
(2)	Verify instrument display	ys time and date;		
(3)	Initiate breath test seque	nce;		
(4)	Enter information as pro-	mpted;		
(5)	Verify instrument accura	icy;		
(6)	When "PLEASE BLOW	" appears, collect breath san	nple;	
(7)	When "PLEASE BLOW	" appears, collect breath san	aple;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive mai	ntenance status of "Pass"; a	and
(10)				ate, or the alcoholic breath olic Breath Simulator tests,
were performe	n the 3/st day of 2/st day of	d above, in accordance with	24 the forgoing preventi current regulations of the	N.C. Department of Health

BRUNSWICK COUNTY BAT MOBILE REGION 3 090

> Serial Number: 008939 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J
Permit Number: 0014-7953
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	7:55pm
AIR BLK	.00	7:56pm
ACCY CHK	.07	7:57pm
AIR BLK	.00	7:58pm
SUB TEST	.00	7:58pm
AIR BLK	.00	7:59pm
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BAT MOBILE REGION 3 090

Serial Number: 008939 Test Date: 05/31/2024

Test Record Number: 1695 Test Time: 8:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:03pm
FLO	Pass	8:03pm
FC	Pass	8:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:03pm
SRC	Pass	8:03pm
DET	Pass	8:03pm
BAR	Pass	8:03pm
BT	Pass	8:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:04pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:04pm
CAL	Pass	8:04pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County B	uncombe Instrument Location Black Mountain PD		
Instrument Se	rial No. 008697 Black Mountain, NC		
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:		
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
(2)	Verify instrument displays time and date;		
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;		
(7)	When "PLEASE BLOW" appears, collect breath sample;		
(8)	Print test record;		
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and		
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
	the Zo day of		
Que vice	668		
	Signature of Certifying Official Certificate Number		

BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Date: 05/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BUNCOMBE COUNTY BLACK MOUNTAIN PD 100

Serial Number: 008697 Test Record Number: 7022

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:28pm 3:28pm
FC	Pass	3:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:29pm

Pass 3:29pm

Preventive Maintenance Status: Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County B	uncombe Instrument Location Buncombe County Detention	n
Instrument Se	erial No.008916 Instrument Location Buncombe County Detention  Asheville, No.	
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced 10,000 or higher) to be followed at least once every four months are:	with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohoreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	olic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ath its,
were performed	the ZO day of	es
ON OWN HORE	P 668	
	Signature of Certifying Official Certificate Number	7

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

> Serial Number: 008916 Test Date: 05/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK	Pass	4:24pm 4:25pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY DETENTION 100

Serial Number: 008916 Test Record Number: 1857

Test Date: 05/20/2024 Test Time: 4:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:31pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	4:32pm 4:32pm 4:32pm 4:32pm 4:32pm

## Blank Tests

Test	Status	Time	
AIR	Pass	4:32pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:32pm 4:32pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAC	DUELL	Instrument Location	CALDUTAL	C CINC
Instrument Seri	al No. 008719		LESONE A	VC .
		r the Intoximeters, Model It wed at least once every four		el Intox EC/IR II (Enhanced with
(1)		canister displays at least 51 ometer shows 34 degrees, pl		(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displ	ays time and date;		
(3)	Initiate breath test sequ	ence;		
(4)	Enter information as pr	ompted;		
(5)	Verify instrument accur	racy;		
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;			
(9)	Run diagnostic program	n and confirm preventive m	nintenance status of "Pa	ass"; and
(10)		seing changed every four		on date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed and Human Ser	the 28 day of 50	ed above, in accordance wi		eventive maintenance procedures of the N.C. Department of Health
Great Age				CALO

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

> Serial Number: 008719 Test Date: 05/28/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:37am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 3318 Test Date: 05/28/2024 Test Time: 10:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44am 10:44am
FC	Pass	10:45am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:45am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am

## CRC Tests

Status	Time
Pass	10:45am
Pass	10:45am
	Pass

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County CAL	NUBL	Instrument Location	CALVUELL	Co JAIL
Instrument Seri	al No. 608863		LELOID A	10
	maintenance procedures fo 0,000 or higher) to be follo			el Intox EC/IR II (Enhanced with
(1)		canister displays at least 51 ometer shows 34 degrees, p		(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument displa	ays time and date;		
(3)	Initiate breath test seque	ence;		
(4)	Enter information as pro	ompted;		
(5)	Verify instrument accur	racy;		
(6)	When "PLEASE BLOW	V" appears, collect breath s	ample;	
(7)	When *PLEASE BLOW	V" appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program	and confirm preventive m	aintenance status of "Pa	ss"; and
(10)	Verify that the ethano simulator solution is b whichever occurs first.	I gas canister is being cl eing changed every four	nanged before expiration months or after 125 A	on date, or the alcoholic breath decoholic Breath Simulator tests.
were performed and Human Ser	the 28 day of 10 do not the instrument indicate vices, and the instrument is	ed above, in accordance w	24 the forgoing preith current regulations of	eventive maintenance procedures of the N.C. Department of Health
of Give Age	- de	- to often	The second second	CAG

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

> Serial Number: 008803 Test Date: 05/28/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970 Effective: 07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.07	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:41am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 834 Test Date: 05/28/2024 Test Time: 10:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:42am 10:42am
FC	Pass	10:42am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:43am	

#### Printer Tests

rest	Status	Time
PRNT	Pass	10:43am
	CONTRACTOR CONTRACTOR	

#### CRC Tests

Test	Status	Time
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or	the 1st day of May , 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008901 Test Date: 05/01/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am

Fed AC: \_\_\_ 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

CANADA TO SEE SEE STATE

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008901 Test Record Number: 1716
Test Date: 05/01/2024 Test Time: 10:24am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:24am
FLO	Pass	10:24am
FC	Pass	10:24am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

#### Printer Tests

Test

PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time

Status

COMP	Pass	10:25am
CAL	Pass	10:25am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
W		the

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Date: 05/27/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:08pm
ACCY CHK	.08	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
ATR BLK	0.0	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 3077 Test Date: 05/27/2024 Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:16pm	

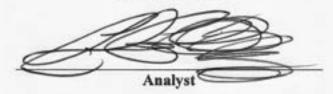
#### Printer Tests

rest	Status	Time
PRNT	Pass	12:16pm
	ODC Manta	

#### CRC Tests

Test	Status	Time
COMP	Pass	12:16pm
CAL	Pass	12:16pm

Preventive Maintenance Status: Pass



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were perforr	on the 28 day of, 20 24 the forgoing preventive maintenance procedures ned on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health Services, and the instrument is functioning properly.

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Date: 05/28/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	9:13am
AIR BLK	.00	9:13am
ACCY CHK	.08	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1713
Test Date: 05/28/2024 Test Time: 9:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:21am
FLO	Pass	9:21am
FC	Pass	9:21am

#### Temperature Tests

Status	Time
Pass	9:21am
	Pass Pass Pass Pass

#### Blank Tests

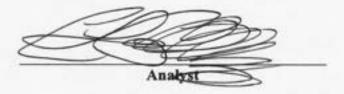
Test	Status	Time
AIR	Pass	9:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:22am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:22am
CAL	Pass	9:22am

Preventive Maintenance Status: Pass



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 2.5 day of

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008601 Test Date: 05/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

7	rest		g/210L	Time
I	DIAC	3	Pass	3:04pm
1	AIR	BLK	.00	3:05pm
- 2	ACC	Y CHK	.08	3:06pm
1	AIR	BLK	.00	3:07pm
5	SUB	TEST	.00	3:07pm
1	AIR	BLK	.00	3:08pm
5	SUB	TEST	.00	3:10pm
1	AIR	BLK	.00	3:11pm

Reported AC: .00 g/210L

Signatur of Chemical Analyse

Court CVR

Jug D Slasseut

## CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008601 Test Record Number: 1584 Test Date: 05/25/2024 Test Time: 3:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:16pm

Preventive Maintenance Status: Pass

CAL

Pass

3:16pm

Sun O Solesoury

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 25 day of

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008615 Test Date: 05/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:00pm
AIR BLK	.00	3:01pm
ACCY CHK	.07	3:02pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Say & Slasner

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008615 Test Record Number: 5912 Test Date: 05/25/2024 Test Time: 3:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:07pm
FLO	Pass	3:07pm
FC	Pass	3:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:08pm 3:08pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the <u>25</u> day of <u>May</u> , 20 <u>24</u> the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

# CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008736 Test Date: 05/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:01pm
AIR BLK	.00	3:02pm
ACCY CH	K .08	3:03pm
AIR BLK	.00	3:04pm
SUB TES	T .00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	T .00	3:07pm
AIR BLK	.00	3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Say & Hasse

# CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008736 Test Record Number: 1238 Test Date: 05/25/2024

Test Time: 3:09pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

#### Temperature Tests

Status	Time
Pass	3:10pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3 - 1 0 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the Sday of May, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008775 Test Date: 05/25/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210b

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

my Delarice

Rev. 12/2007

# CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008775 Test Record Number: 2080

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:39pm
SRC	Pass	9:39pm
DET	Pass	9:39pm
BAR	Pass	9:39pm
BT	Pass	9:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	9:40pm	

#### CRC Tests

Test	Status	Time
COMP	Pass	9:40pm
CAL	Pass	9:40pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 25 day of

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008929 Test Date: 05/25/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D

Permit Number: 7180-9235 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.08	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

# CHATHAM COUNTY BAT MOBILE REGION 4 180

Serial Number: 008929 Test Record Number: 1390 Test Date: 05/25/2024 Test Time: 9:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:45pm
SRC	Pass	9:45pm
DET	Pass	9:45pm
BAR	Pass	9:45pm
BT	Pass	9:45pm

#### Blank Tests

Test	Status	Time
ATR	Page	9 · 46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
Test	Status	Time

77.70	2000
Pass	9:46pm
Pass	9:46pm
	Pass

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
were performed	the 30 day of, 20 24 the forgoing preventive maintenance procedures don the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.	

COLUMBUS COUNTY BAT MOBILE REGION 4 230

> Serial Number: 008615 Test Date: 05/30/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:21pm
AIR BLK	.00	8:22pm
ACCY CHK	.07	8:23pm
AIR BLK	.00	8:23pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	.00	8:27pm
AIR BLK	.00	8:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Selesous

# COLUMBUS COUNTY BAT MOBILE REGION 4 230

Serial Number: 008615 Test Record Number: 5918 Test Date: 05/30/2024 Test Time: 8:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:29pm
FLO	Pass	8:29pm
FC	Pass	8:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:29pm
SRC	Pass	8:29pm
DET	Pass	8:29pm
BAR	Pass	8:29pm
BT	Pass	8:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:30pm

Preventive Maintenance Status: Pass

Pass

8:30pm

CAL

Ju Dollassus

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 day of 4, 20 24 the forgoing preventive maintenance procedures to on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

COLUMBUS COUNTY BAT MOBILE REGION 4 230

> Serial Number: 008775 Test Date: 05/30/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:19pm
AIR BLK	.00	8:20pm
ACCY CHK	.07	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: 00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# COLUMBUS COUNTY BAT MOBILE REGION 4 230

Serial Number: 008775 Test Record Number: 2084

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:28pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:28pm
SRC	Pass	8:28pm
DET	Pass	8:28pm
BAR	Pass	8:28pm
BT	Pass	8:28pm

### Blank Tests

Test	Status	Time
AIR	Pass	8 · 29nm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:29pm

Preventive Maintenance Status: Pass

Pass

8:29pm

CAL

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic preath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  nitiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and
When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and
When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Print test record; Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Run diagnostic program and confirm preventive maintenance status of "Pass"; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
day of Moy 2021 the forgoing preventive maintenance procedures the instrument indicated above, in accordance with current regulations of the N.C. Department of Health s, and the instrument is functioning properly.
h

A signed original of the preventive maintenance record shall be kept on file for at least three years.

COLUMBUS COUNTY BAT MOBILE REGION 3

Serial Number: 008898 Test Date: 05/30/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### COLUMBUS COUNTY BAT MOBILE REGION 3 230

Serial Number: 008898 Test Record Number: 1832 Test Date: 05/30/2024 Test Time: 8:41pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:42pm
FLO	Pass	8:42pm
FC	Pass	8:42pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:42pm
SRC	Pass	8:42pm
DET	Pass	8:42pm
BAR	Pass	8:42pm
BT	Pass	8:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:43pm
0.000.00	E SEED IN	- W 1 W 10 [0 111

### Printer Tests

Test	Status	Time
PRNT	Pass	8:43pm
	CRC Tests	

Status	Time
Pass	8:43pm
Pass	8:43pm
	Pass

Preventive Maintenance Status: Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Serie	Instrument Location BAT Mobile Region 4 al No. 008929  Columbus 50
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on	the 30 day of, 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

COLUMBUS COUNTY BAT MOBILE REGION 4 230

> Serial Number: 008929 Test Date: 05/30/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Jun D Harry D

## COLUMBUS COUNTY BAT MOBILE REGION 4 230

Serial Number: 008929 Test Record Number: 1392 Test Date: 05/30/2024 Test Time: 8:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:37pm
FLO	Pass	8:37pm
FC	Pass	8:37pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:37pm
SRC	Pass	8:37pm
DET	Pass	8:37pm
BAR	Pass	8:37pm
BT	Pass	8:37pm

### Blank Tests

Test	Status	Time
ATD	Dagg	8:38pm
ATR	Pass	0:30000

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:38pm

Preventive Maintenance Status: Pass

CAL Pass 8:38pm

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive :	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced w	ith
serial number 10	0,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	lic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	
were performed	the 304 day of Moy , 2024 the forgoing preventive maintenance procedule on the instrument indicated above, in accordance with current regulations of the N.C. Department of Heavices, and the instrument is functioning properly.	res

A signed original of the preventive maintenance record shall be kept on file for at least three years.

COLUMBUS COUNTY BAT MOBILE REGION 3 230

> Serial Number: 008939 Test Date: 05/30/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barrier, Dennis J Permit Number: 0014-7953 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	8:38pm
AIR BLK	.00	8:39pm
ACCY CHK	.08	8:40pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:41pm
AIR BLK	.00	8:42pm
SUB TEST	.00	8:43pm
AIR BLK	.00	8:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### COLUMBUS COUNTY BAT MOBILE REGION 3 230

Serial Number: 008939 Test Record Number: 1689
Test Date: 05/30/2024 Test Time: 8:46pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:47pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:47pm
SRC	Pass	8:47pm
DET	Pass	8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass Pass	8:48pm
CMI	Fdaa	8:48pm

Preventive Maintenance Status: Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
ere periorme	the 30 day of May . 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008970 Test Date: 05/30/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:36pm
AIR BLK	.00	8:37pm
ACCY CHK	.07	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:42pm
AIR BLK	.00,	8:43pm

Reported AC/ .00 g/210L

Signature of Chemical Analyst

Court CVR

### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008970 Test Record Number: 1106 Test Date: 05/30/2024 Test Time: 8:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:44pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pasa

Pass

Pass

8:44pm

8:44pm

COMP

CAL

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performe	the 31st day of May , 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008970 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	7:19pm
AIR BLK	.00	7:20pm
ACCY CHK	.07	7:21pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:22pm
AIR BLK	.00	7:23pm
SUB TEST	.00	7:25pm
AIR BLK	.00 /	7:26pm
The second secon	100 miles (100 miles (	

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008970 Test Record Number: 1110 Test Date: 05/31/2024 Test Time: 7:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:27pm
FLO	Pass	7:27pm
FC	Pass	7:27pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:27pm
SRC	Pass	7:27pm
DET	Pass	7:27pm
BAR	Pass	7:27pm
BT	Pass	7:27pm

### Blank Tests

Test	Status	Time
ATR	Pass	7:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:28pm

### CRC Tests

Test	Status	Time
COMP	Pass Pass	7:28pm 7:28pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ind No. 008973 Instrument Location BAT Mobile Unit Z  Columbus County Sheriff's o
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 35 day of

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Cortifying Official

#### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008973 Test Date: 05/30/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.08	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008973 Test Record Number: 1161 Test Date: 05/30/2024 Test Time: 8:34pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm

#### CRC Tests

rest	Status	Time
COMP	Pass	8:35pm
CAL	Pass	8:35pm

Preventive Maintenance Status Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the 31 <sup>54</sup> day of

A signed original of the preventive maintenance record shall be kept on file for at least three years.

### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008973 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	7:09pm
AIR BLK	.00	7:10pm
ACCY CHK	.08	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:17pm

Reported XO/ .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

### COLUMBUS COUNTY BAT MOBILE UNIT 2 230

Serial Number: 008973 Test Record Number: 1163 Test Date: 05/31/2024 Test Time: 7:18pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:18pm
FLO	Pass	7:18pm
FC	Pass	7:18pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:18pm
SRC	Pass	7:18pm
DET	Pass	7:18pm
BAR	Pass	7:18pm
BT	Pass	7:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:19pt

### Printer Tests

Test	Status	Time
2231111		
PRNT	Pass	7:19pm

### CRC Tests

Test	Status	Time
COMP	Pass	7:19pm
CAL	Pass	7:19pm

Preventive Maintenance Status: Pass

malyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seria	al No. 00 8732		DETENTION	CENTER
The preventive serial number 10	maintenance procedures for the I 0,000 or higher) to be followed a	intoximeters, Model 1 t least once every fou	ntox EC/IR II and Model r months are:	Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas caniste breath simulator thermometer	r displays at least 51 shows 34 degrees, pl	pounds per square inch (pus or minus .2 degree cent	si) of pressure, or the alcoholic igrade;
(2)	Verify instrument displays tin	ne and date;		
(3)	Initiate breath test sequence;			
(4)	Enter information as prompte	d;		
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" app	ears, collect breath sa	imple;	
(7)	When "PLEASE BLOW" app	ears, collect breath sa	umple;	
(8)	Print test record;			
(9)	Run diagnostic program and o	confirm preventive ma	aintenance status of "Pass"	; and
(10)	Verify that the ethanol gas simulator solution is being o whichever occurs first.	canister is being ch changed every four i	anged before expiration months or after 125 Alco	date, or the alcoholic breath sholic Breath Simulator tests,
were performed	the 15 day of M on the instrument indicated abovices, and the instrument is function	we, in accordance wi	24 the forgoing preventh current regulations of t	ntive maintenance procedures he N.C. Department of Health
	111	7_		CSS
Carlo A	Sig	mature of Certifying	Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Date: 05/15/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:15am
AIR BLK	.00	9:16am
ACCY CHK	.07	9:17am
AIR BLK	.00	9:18am
SUB TEST	.00	9:18am
AIR BLK	.00	9:19am
SUB TEST	.00	9:21am
ATR BLK	.00	9:22am

Reported AQ! .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Record Number: 3279 Test Date: 05/15/2024 Test Time: 9:22am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:22am
FLO	Pass	9:22am
FC	Pass	9:23am

### Temperature Tests

Status	Time
Pass	9:23am
	Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:23am

#### Printer Tests

Printer Tests		cs
Test	Status	Time
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:24am
CAL	Pass	9:24am

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the ID day of MAY, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 05/10/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	8:57am
AIR BLK	.00	8:58am
ACCY CHK	.07	8:58am
AIR BLK	.00	9:00am
SUB TEST	.00	9:00am
AIR BLK		9:01am
SUB TEST		9:02am
	.00	9:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

#### CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1630 Test Date: 05/10/2024 Test Time: 9:04am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:04am
FLO	Pass	9:04am
FC	Pass	9:04am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:04am
SRC	Pass	9:04am
DET	Pass	9:04am
BAR	Pass	9:04am
BT	Pass	9:04am

### Blank Tests

Test	Status	Time	
ATR	Page	9.05am	

### Printer Tests

Test	Status	Time
PRNT	Pass	9:05am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:05am
CAL	Pass	9:05am

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 15 day of MA, 20 29 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 05/15/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:09am
AIR BLK	.00	10:10am
ACCY CHK	.07	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:12am
AIR BLK	.00	10:13am
SUB TEST	.00	10:14am
AIR BLK	.00	10:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 2000 Test Date: 05/15/2024 Test Time: 10:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

#### CRC Tests

Status	Time
Pass	10:17am
Pass	10:17am
	Pass

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	RAVEN	Instrument Location	MCAS	PMO
Instrument Ser	ial No. 010819		CHERRY	POINT
	maintenance procedures for th 0,000 or higher) to be followed			el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas cani- breath simulator thermome			(psi) of pressure, or the alcoholientigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	*		
(4)	Enter information as promp	ted;		
(5)	Verify instrument accuracy	i		
(6)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" a	ppears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program and	d confirm preventive ma	intenance status of "Pa	ss"; and
(10)				on date, or the alcoholic breath Icoholic Breath Simulator tests
were performed	the 10 day of MA on the instrument indicated a rices, and the instrument is fun	bove, in accordance wit	the forgoing pre-	ventive maintenance procedures f the N.C. Department of Health
The state of the s	TI T	te		685
	/ -	Signature of Certifying O	fficial	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 05/10/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W

Permit Number: 9523-2149

Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:56am
ACCY CHK	.07	9:57am
AIR BLK		9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST		10:01am
ATR BLK	0.0	10.02am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 860 Test Date: 05/10/2024 Test Time: 10:02am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:03am
FLO	Pass	10:03am
FC	Pass	10:03am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:04am

Preventive Maintenance Status: Pass

Pass

10:04am

CAL

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that on	the

A signed original of the preventive maintenance record shall be kept on file for at least three years.

HOPE MILLS POLICE DEPARTMENT 250

Serial Number: 008614 Test Date: 05/07/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:32am
AIR BLK	.00	8:32am
ACCY CHK	.07	8:33am
AIR BLK	.00	8:34am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am
SUB TEST	.00	8:38am
AIR BLK	.00	8:39am

Reported AC: .00 g/210L

Sagnature of Chemical Analyst

Court CVR

Analyst

#### HOPE MILLS POLICE DEPARTMENT 250

Serial Number: 008614 Test Record Number: 4999 Test Date: 05/07/2024 Test Time: 8:43am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:44am
FLO	Pass	8:44am
FC	Pass	8:44am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:44am
SRC	Pass	8:44am
DET	Pass	8:44am
BAR	Pass	8:44am
BT	Pass	8:44am

#### Blank Tests

Test	Status	Time	
ATR	Dace	R • 45am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:45am

Preventive Maintenance Status: Pass

Pass

CAL

8:45am

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No.008783 Instrument Location Dare Co. Detention Center 1044 Dr. Hantey No.008783
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the Zind day of May 2024 the forgoing preventive maintenance procedures d on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health rvices, and the instrument is functioning properly.
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 05/02/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A Permit Number: 0020-6272 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	10:59am
ACCY CHK	.07	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Champical Analyst

Court CVR

Analys

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 1555 Test Date: 05/02/2024 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

#### Temperature Tests

Test Status	Time
FC1 Pass	11:07am
SRC Pass	11:07am
DET Pass	11:07am
BAR Pass	11:07am
BT Pass	11:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08am

CAL Pass 11:08am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

> Department of Health and Human Services Rev. 12/2007

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	are Instrument Location Dave Co. Detention Center
Instrument Ser	ial No. 008804 1044 Drittwood Dr. Montec
	NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or were performe and Human Se	the day of
SATE	
	Mah & Dan ( 680
	Signature of Certifying Official Carifford Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 05/02/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A Permit Number: 0020-6272 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:06am
AIR BLK	.00	11:07am
ACCY CHK	.07	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am

Reported AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst / This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2828 Test Date: 05/02/2024 Test Time: 11:14am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:14am
Pass	11:14am
Pass	11:14am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	11:15am	

#### CRC Tests

Status	Time
Pass	11:15am
Pass	11:15am
	Pass

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007



### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

-	isdument Sen	al No. 008583 WINSTON- SALEM, NC
T	he preventive erial number I	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
1	(5)	Verify instrument accuracy;
•	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
WY	ertify that on the performed d Human Serv	the 13 day of, 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008583 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:53am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

Reported AC: .00 g/210L

Simparore of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 9629 Serial Number: 008583 Test Time: 9:59am EDT Test Date: 05/13/2024

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:00am 10:00am
FC	Pass	10:00am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:01am
CAL.	Pagg	10:01am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
we	re performed	the 13 TH day of MAY 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:46am
ACCY CHK	.08	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:50am
AIR BLK	.00	9:51am

Reported AC: .00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

See a first of the contraction o

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 6344
Test Date: 05/13/2024 Test Time: 9:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:54am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Co	unty Fo	RSYTH	_ Instrument Location_	FORSYTH	co.	DETENTION
Ins	trument Serial	No. 00 8925		WINSTO	W- SA	LEMINC
Th	e preventive m	aintenance procedures for 000 or higher) to be follow	the Intoximeters, Model In ed at least once every four	ntox EC/IR II and M months are:	odel Intox	EC/IR II (Enhanced with
	(1)	Verify the ethanol gas ca breath simulator thermon	nister displays at least 51 neter shows 34 degrees, pl	pounds per square in us or minus .2 degre	ch (psi) of e centigrad	pressure, or the alcoholic e;
	(2)	Verify instrument display	s time and date;			
	(3)	Initiate breath test sequer	ice;			
	(4)	Enter information as pro	mpted;			
1	(5)	Verify instrument accura	cy;			
	(6)	When "PLEASE BLOW	appears, collect breath sa	imple;		
	(7)	When "PLEASE BLOW	appears, collect breath se	imple;		
	(8)	Print test record;				
	(9)	Run diagnostic program	and confirm preventive m	aintenance status of	'Pass"; and	C.
	(10)	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being ch ing changed every four	anged before expir months or after 125	ation date, Alcoholic	or the alcoholic breath Breath Simulator tests,
W	ere performed	ne 13 <sup>724</sup> on the instrument indicates ices, and the instrument is	d above, in accordance wi	24 the forgoing th current regulation	preventive is of the N.	maintenance procedures C. Department of Health
/		A				
CALLED !						
3	Can me	Al	500			669
		02	Signature of Certifying	Official	C	ertificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008925 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.08	10:08am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:14am
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 4949 Serial Number: 008925 Test Time: 10:15am EDT Test Date: 05/13/2024

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

#### Printer Tests

Test

PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Status

Time

SECRETARION OF A SECRET

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	11 No. 008910 CARTOLD	NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square is breath simulator thermometer shows 34 degrees, plus or minus .2 degrees	nch (psi) of pressure, or the alcoholic ee centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 12 whichever occurs first.	
were performed	the to day of , 2024 the forgoing on the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures ns of the N.C. Department of Health

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008910 Test Date: 05/10/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Fleming, Tina S Permit Number: 0027-4970 Effective: 07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:40pm
ACCY CHK	.07	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008910 Test Record Number: 1673 Test Date: 05/10/2024 Test Time: 3:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:51pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the day of 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 05/01/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Chappell, Mark A

Permit Number: 0020-6272

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: 00 g/210L

Signature of Chercal Analyst

Court CVR

Analyst //

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 1184 Test Date: 05/01/2024 Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:04pm 2:04pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County GR/	Instrument Location EgRADVILLE CO. LEC
Instrument Se	rial No. DO 8635 525 NEW COMPTERED DR
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
SAT	
WITTEN	SAMO (2)
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008635 Test Date: 05/16/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:51pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008635 Test Record Number: 2168 Test Date: 05/16/2024

Test Time: 3:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	3:00pm 3:00pm 3:00pm 3:00pm 3:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:01pm 3:01pm

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	ial No	CREED MUR	-115 ST
		CREEDMOOR	INC
The preventive serial number 1	maintenance procedures for the Intoximete 0,000 or higher) to be followed at least one	ers, Model Intox EC/IR II and se every four months are:	Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays breath simulator thermometer shows 34	at least 51 pounds per square degrees, plus or minus .2 deg	inch (psi) of pressure, or the alcoholic tree centigrade;
(2)	Verify instrument displays time and dat	se;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears, colle	ect breath sample;	
(7)	When "PLEASE BLOW" appears, colle	ect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm pr	reventive maintenance status o	f "Pass"; and
(10)	Verify that the ethanol gas canister simulator solution is being changed e whichever occurs first.	is being changed before exp every four months or after 1	piration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
and Human Ser	theday of	20 29 the forgoing tordance with current regulation operly.	g preventive maintenance procedures ons of the N.C. Department of Health
STATE OF			
ST.		$\Omega$	
The contract of	7 115	11	/ - 7 /

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 1607 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO FC	Pass Pass	3:25pm 3:26pm
		o . o o pun

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
BT	Pass	3:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:27pm 3:27pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Analyst

Rev. 12/2007

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

(1) (2) (3) (4) (5) (6) (7)	maintenance procedures for the I 0,000 or higher) to be followed a Verify the ethanol gas caniste breath simulator thermometer Verify instrument displays tin Initiate breath test sequence; Enter information as prompte	at least once even er displays at le r shows 34 degr me and date;	ery four month east 51 pounds	s are: per square i	nch (psi) o	of pressure.	
(2) (3) (4) (5) (6)	Verify instrument displays tin Initiate breath test sequence; Enter information as prompte	r shows 34 degr me and date;	east 51 pounds rees, plus or m	per square i inus .2 degra	nch (psi) o ee centigra	of pressure, ide;	, or the alcoholic
(3) (4) (5) (6)	Initiate breath test sequence; Enter information as prompte						
(4) (5) (6)	Enter information as prompte	od:					
(5) (6)		d.					
(6)	The second of th						
Serve	Verify instrument accuracy;						
(7)	When "PLEASE BLOW" app	pears, collect be	reath sample;				
	When "PLEASE BLOW" app	pears, collect be	reath sample;				
(8)	Print test record;						
(9)	Run diagnostic program and o	confirm preven	ntive maintenar	nce status of	"Pass"; an	nd	
(10)	Verify that the ethanol gas simulator solution is being whichever occurs first,	canister is be changed every	eing changed four months	before expir or after 12	ration date 5 Alcohol	e, or the a	alcoholic breath Simulator tests,
were performed	day of day of do n the instrument indicated aborvices, and the instrument is funct	ove, in accorda	ince with curre	ne forgoing ent regulation	preventive ns of the P	e maintena N.C. Depar	ance procedures rtment of Health

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

> Serial Number: 008923 Test Date: 05/16/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

### GRANVILLE COUNTY GRANVILLE COUNTY LEC 380

Serial Number: 008923 Test Record Number: 3353 Test Date: 05/16/2024 Test Time: 2:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:59pm 2:59pm
FC	Pass	3:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:00pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:00pm
CAL	Page	3 + 0.0 mm

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County (57/e)	100 100 100	Instrument Loca	tion Greene		Snow 1611, M
Instrument Seri	al No. <u>00 86 70</u>		301 W.	Greene Dry	mow this per
The preventive serial number 1	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Mo wed at least once every	del Intox EC/IR II y four months are:	and Model Intox EC	C/IR II (Enhanced with
(1)	Verify the ethanol gas co breath simulator thermo-	anister displays at leas meter shows 34 degree	st 51 pounds per so es, plus or minus	quare inch (psi) of pro 2 degree centigrade;	essure, or the alcoholic
(2)	Verify instrument displa	ys time and date;			
(3)	Initiate breath test seque	ence;			
(4)	Enter information as pro	ompted;			
(5)	Verify instrument accur-	acy;			
(6)	When "PLEASE BLOW	" appears, collect bre	ath sample;		
(7)	When "PLEASE BLOW	" appears, collect bre	ath sample;		
(8)	Print test record;				
(9)	Run diagnostic program	and confirm preventi	ve maintenance sta	tus of "Pass"; and	
(10)	Verify that the ethanol simulator solution is be whichever occurs first.				
were performed	the day of Mel do n the instrument indicate vices, and the instrument is	d above, in accordance	ce with current reg	going preventive magulations of the N.C.	aintenance procedures Department of Health
	STATE CARE				
	(E)	Then D	Ly	6	45
2000		Signature of Certif	ying Official	Cert	ificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/20/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Key D. A.y

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 2451 Test Date: 05/20/2024 Test Time: 11:53am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:54am 11:54am
FC	Pass	11:54am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

#### Blank Tests

Test	Status	Time
ATD	Dace	11.55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. OO 8725 DEPARTMENT			
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:			
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
(2)	Verify instrument displays time and date;			
(3)	Initiate breath test sequence;			
(4)	Enter information as prompted;			
(5)	Verify instrument accuracy;			
(6)	When "PLEASE BLOW" appears, collect breath sample;			
(7)	When "PLEASE BLOW" appears, collect breath sample;			
(8)	Print test record;			
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and			
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on were performed and Human Ser	the 31 st day of MAY, 20 34 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.			
	669			

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 05/31/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
AIR BLK	-00	1:25pm

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4900 Test Date: 05/31/2024 Test Time: 1:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:26pm

Preventive Maintenance Status: Pass

Pass

1:26pm

CAL

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	ial No. 008775 Instrument Location BAT Mobile Region 4  Guilford 5.0.
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the Half day of May 20 H the forgoing preventive maintenance procedures on the instrument indicated above in accordance with current regulations of the N.C. Department of Health roices, and the instrument is functioning properly.

GUILFORD COUNTY BAT MOBILE REGION 4 400

> Serial Number: 008775 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Tes	t	g/210L	Time
DIA	G	Pass	8:34am
AIR	BLK	.00	8:35am
ACC:	Y CHK	.07	8:36am
AIR	BLK	.00	8:36am
SUB	TEST	.00	8:37am
AIR	BLK	.00	8:38am
SUB	TEST	.00	8:40am
AIR	BLK	.00	8:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sesour

#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008775 Test Record Number: 2078 Test Date: 05/24/2024 Test Time: 8:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:43am
FLO	Pass	8:43am
FC	Pass	8:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:43am
SRC	Pass	8:43am
DET	Pass	8:43am
BAR	Pass	8:43am
BT	Pass	8:43am

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:43am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:44am
CAL	Pass	8:44am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Cour	nty Guil	Instrument Location Gibsonville PD
Instr	ument Seria	129 W. MAIN ST Gibsonville, NC
The seria	preventive r I number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were	bettotined (	he day of
-	COM VICTOR	Somm Stokes Saus 662
		Signature of Certifying Official Certificate Number

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Date: 05/07/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GIBSONVILLE PD 400

Serial Number: 008812 Test Record Number: 3748
Test Date: 05/07/2024 Test Time: 1:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

#### Temperature Tests

Test Status	Time
FC1 Pass	1:49pm
SRC Pass	1:49pm
DET Pass	1:49pm
BAR Pass	1:49pm
BT Pass	1:49pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:49pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	1:49pm 1:49pm

Preventive Maintenance Status: Pass

Analyst

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 24 day of

GUILFORD COUNTY BAT MOBILE REGION 4

Serial Number: 008929 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:40am
AIR BLK	.00	8:41am
ACCY CHK	.08	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:43am
AIR BLK	.00	8:44am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am

Sun Dolarguel

Court CVR

Jug & Cuspie

#### GUILFORD COUNTY BAT MOBILE REGION 4 400

Serial Number: 008929 Test Record Number: 1388 Test Date: 05/24/2024 Test Time: 8:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:48am
FLO	Pass	8:48am
FC	Pass	8:49am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:49am
SRC	Pass	8:49am
DET	Pass	8:49am
BAR	Pass	8:49am
BT	Pass	8:49am

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:50am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:50am
	CRC Tests	
220000		

rest	Status	Time
COMP	Pass	8:50am
CAL	Pass	8:50am

Preventive Maintenance Status: Pass

Jun D. Hassey

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wal	Suy	Instrument Locati	ion Hollex C		
Instrument Seri	al No. 008695		355 FERR	ic lave	
The preventive serial number I	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Mod d at least once every	el Intox EC/IR II and Mo four months are;	odel Intox EC/IR II (Enhance	ed with
(1)	Verify the ethanol gas cani breath simulator thermome			h (psi) of pressure, or the a centigrade;	lcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	*;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	:			
(6)	When "PLEASE BLOW" a	ppears, collect breat	h sample;		
(7)	When *PLEASE BLOW" a	ppears, collect breat	h sample;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive	maintenance status of "P	Pass"; and	
(10)	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being g changed every for	changed before expirat ur months or after 125	tion date, or the alcoholic Alcoholic Breath Simulate	breath or tests,
were performed	the 21 day of May on the instrument indicated a vices, and the instrument is fun	bove, in accordance	2024 the forgoing pr with current regulations	reventive maintenance pro of the N.C. Department of	cedures f Health
Om Han	EAS	met /		671	
	× ×	Signature of Certifyi	ng Official	Certificate Number	

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Date: 05/21/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sev: Male

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	10:44am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Antely

#### HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3758 Test Date: 05/21/2024 Test Time: 10:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:51am 10:51am
FC	Pass	10:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County //	ywood Instrument Location Haywood Co. Jail
Instrument Se	rial No. 0087/2 Waynesville, NC
The preventiv	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the
O CONTRACTOR	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 05/07/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
AIR BLK ACCY CHK AIR BLK	.00	1:02pm 1:02pm 1:03pm 1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2525 Test Date: 05/07/2024 Test Time: 1:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:09pm 1:09pm
FC	Pass	1:09pm

## Temperature Tests

Status	Time
Pass Pass Pass Pass	1:09pm 1:09pm 1:09pm 1:09pm 1:09pm
	Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:10pm

Preventive Maintenance Status: Pass

Dail R. Cuth

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	ial No. 008906 115 E. Broad St. Murfren
-	NC NC
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
	7/1/9/1/680
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 05/01/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:12pm
AIR BLK	.00	12:12pm
ACCY CHK	.08	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

Reported AC: -00 q/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 917 Test Date: 05/01/2024 Test Time: 12:19pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

#### Blank Tests

Test	Status Time	Time
AIR	Pass	12:21pm

#### Printer Tests

Test Status Time

PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21pm

Preventive Maintenance Status: Pass

Pass

12:21pm

CAL

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on were performed and Human Ser	the day of day o

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 05/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Garner, Joel K
Permit Number: 0036-5156
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:43am
AIR BLK	.00	8:44am
ACCY CHK	.08	8:45am
AIR BLK	.00	8:46am
SUB TEST	.00	8:46am
AIR BLK	.00	8:47am
SUB TEST	.00	8:49am
AIR BLK	.00	8:50am

Reported AC: .00 g/210L

Segnature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 1632 Test Date: 05/06/2024 Test Time: 8:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:52am 8:52am
FC	Pass	8:52am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:52am
SRC	Pass	8:52am
DET	Pass	8:52am
BAR	Pass	8:52am
BT	Pass	8:52am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:53am 8:53am

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degree	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	8
(9)	Run diagnostic program and confirm preventive maintenance status of "	'Pass''; and
(10)	Verify that the ethanol gas canister is being changed before expir- simulator solution is being changed every four months or after 125 whichever occurs first.	
	the day of May , 2024 the forgoing of the instrument indicated above, in accordance with current regulation vices, and the instrument is functioning properly.	preventive maintenance procedures is of the N.C. Department of Health
Sam ven	3 N Len	675
-	Signature of Certifying Official	Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 05/06/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Garner, Joel K Permit Number: 0036-5156

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	8:40am
AIR BLK	.00	8:40am
ACCY CHK	.08	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:42am
AIR BLK	.00	8:43am
SUB TEST	.00	8:45am
AIR BLK	.00	8:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 1783 Test Date: 05/06/2024 Test Time: 8:47am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	8:47am
Pass	8:47am
Pass	8:47am
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:47am
SRC	Pass	8:47am
DET	Pass	8:47am
BAR	Pass	8:47am
BT	Pass	8:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:48am

#### Printer Tests

Status	Time
Pass	8:48am
CRC Tests	
Status	Time
Pass	8:48am 8:48am
	Pass CRC Tests Status

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Services	the
	128

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 05/07/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Driver's License Number: NONE

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	10:19am
AIR BLK	.00	10:19am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 727 Test Date: 05/07/2024 Test Time: 10:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

#### Blank Tests

Test	Status	Time	
ATD	Dage	10.27am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	524 2355				
Instrument Seri	al No. <u>008485</u>		mode 3%	hute NE	
The preventive serial number 1	maintenance procedures for the total of the	he Intoximeters, Mode d at least once every f	el Intox EC/IR II and M four months are:	odel Intox EC/IR II	(Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least eter shows 34 degrees	51 pounds per square in , plus or minus .2 degre	ch (psi) of pressure, e centigrade;	or the alcoholic
(2)	Verify instrument displays	s time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as prom	pted;			
(5)	Verify instrument accuracy	y;			
(6)	When "PLEASE BLOW"	appears, collect breatl	n sample;		
(7)	When "PLEASE BLOW"	appears, collect breatl	h sample;		
(8)	Print test record;				
(9)	Run diagnostic program ar	nd confirm preventive	maintenance status of	'Pass"; and	
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.				
were performed	the 24 day of	above, in accordance			
	O A CAMOLO				
34 / -	4/	1 1	20.0		

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 05/21/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Fleming, Tina S
Permit Number: 0027-4970
Effective:
07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.07	1:35pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 4661 Test Date: 05/21/2024 Test Time: 1:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:43pm

Preventive Maintenance Status: Pass

Pass

CAL

1:43pm

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	(D) - (V) 11
Instrument Se	rial No. 008808
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol- breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the
	Dil R Cuth 635
	Signature of Certifying Official Certificate Number

JACKSON COUNTY JAIL 490

Serial Number: 008808 Test Date: 05/07/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:

10/01/2023-10/01/2025 Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.08	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JAIL 490

Serial Number: 008808 Test Record Number: 1517
Test Date: 05/07/2024 Test Time: 2:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

#### Temperature Tests

Test Status	Time
FC1 Pass	2:17pm
SRC Pass	2:17pm
DET Pass	2:17pm
BAR Pass	2:17pm
BT Pass	2:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the Aday of
Salamin Sala	Signature of Certifying Official Certificate Number

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 05/28/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

.00 g/210L

Chemical Signature of

Court CVR

#### LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2479
Test Date: 05/28/2024 Test Time: 12:55pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:55pm 12:55pm
FC	Pass	12:55pm

### Temperature Tests

Status	Time
Pass	12:55pm
	Pass Pass Pass Pass

#### Blank Tests

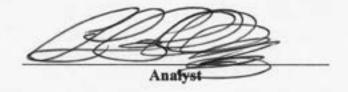
Test	Status	Time	
AIR	Pass	12:56pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:56pm

CAL Pass 12:56pm

Preventive Maintenance Status: Pass



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

In	strument Ser	ial No. 2088/37 DEPARTMENT
-		
T	he preventive rial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
w	ertify that on ere performed d Human Ser	the 28 day of
EARC		Series Co.
13		9 667
		Signature of Certifying Official Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 05/28/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303101 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

Court CVR

Analyst

# LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1457 Test Date: 05/28/2024 Test Time: 2:06pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:07pm 2:07pm
FC	Pass	2:07pm

### Temperature Tests

Status	Time
Pass	2:07pm
	Pass Pass Pass

#### Blank Tests

Test	Status	Time	
ATR	Dage	2 • 0.7 mm	

### Printer Tests

Mook	Okakoo	en r
	CRC Tests	
PRNT	Pass	2:07pm
Test	Status	Time

Test	Scacus	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

Preventive Maintenance Status: Pass

Analys

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and 10,000 or higher) to be followed at least once every four months are:	d Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square breath simulator thermometer shows 34 degrees, plus or minus .2 de	e inch (psi) of pressure, or the alcoholic gree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after 1 whichever occurs first.	factor to a second
were performed	the 29 day of	preventive maintenance procedures ons of the N.C. Department of Health
Name and Park	Simular Script Committee	635
	Signature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 05/29/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Cutler, Daniel R
Permit Number: 0084-3310
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	10:48am 10:49am 10:49am 10:50am 10:51am 10:52am 10:53am 10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Record Number: 881 Test Date: 05/29/2024 Test Time: 10:55am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:55am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

### Blank Tests

Test	Status	Time
	beacus	TIME

AIR Pass 10:56am

## Printer Tests

Time

PRNT Pass 10:56am

#### CRC Tests

Test Status Time

COMP Pass 10:56am CAL Pass 10:56am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ial No. 005888	Instrument Location [7]	Marion, NC
The preventive serial number	maintenance procedures for the total total total total total to the follower t	ne Intoximeters, Model Intox d at least once every four mor	EC/IR II and Model Intox EC/IR II (Enhanced with this are:
(1)	Verify the ethanol gas can		do nor source in this is a
(2)	Verify instrument displays		
(3)	Initiate breath test sequence	e;	
(4)	Enter information as promp	oted;	
(5)	Verify instrument accuracy	;	
(6)	When "PLEASE BLOW" a	ppears, collect breath sample;	
(7)		ppears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and	d confirm preventive maintena	ance status of "Pass": and
(10)	Verify that the ethanol ga	is canister is being changed	before expiration date, or the alcoholic breath s or after 125 Alcoholic Breath Simulator tests
were performed	the day of on the instrument indicated all rices, and the instrument is fund		the forgoing preventive maintenance procedures rent regulations of the N.C. Department of Health
	S	ignature of Certifying Official	Certificate Number

MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 05/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:19pm
	.00	12:20pm
ACCY CHK	.07	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: .008888 Test Record Number: 1695
Test Date: 05/17/2024 Test Time: 12:26pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	.12:27pm
DET	Pass	.12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm

#### CRC Tests

Test	Status	Time	
COMP	Pass	12:28pm	
CAL	Pass	12:28pm	

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_ \( \gamma \)	100w(1)	Instrument Location_ ~	10 Dowell County Jail
Instrument Se	rial No. 008897		Marion, NC
The preventive serial number	e maintenance procedures 10,000 or higher) to be fol	for the Intoximeters, Model Intox I lowed at least once every four mon	EC/IR II and Model Intox EC/IR II (Enhanced with ths are:
(1)	Verify the ethanol gas breath simulator therm	canister displays at least 51 pound nometer shows 34 degrees, plus or	ls per square inch (psi) of pressure, or the alcoholic minus .2 degree centigrade;
(2)	Verify instrument disp		
(3)	Initiate breath test seq	uence;	
(4)	Enter information as p	rompted;	
(5)	Verify instrument accu	uracy;	
(6)	When "PLEASE BLO	W" appears, collect breath sample;	
(7)	When "PLEASE BLO	W" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	m and confirm preventive maintena	nce status of "Pass"; and
(10)	Verify that the ethane	ol gas canister is being changed being changed every four months	before expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
were performed	the day of I on the instrument indicat vices, and the instrument is	co above, in accompance with curv	he forgoing preventive maintenance procedures ent regulations of the N.C. Department of Health
	Ser Control		
CATA		3-121	
CONTRACTOR	- /	Signature of Certifying Official	(068
		/ String Official	Certificate Number

MCDOWELL COUNTY MCDOWELL COUNTY JAIL

Serial Number: 008892 Test Date: 05/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

# MCDOWELL COUNTY MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 1389
Test Date: 05/17/2024 Test Time: 12:22pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:22pm 12:22pm
FC	Pass	12:22pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:23pm	

#### Printer Tests

1621	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were		the 25 <sup>th</sup> day of

### MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970 Test Date: 05/25/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00_	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008970 Test Record Number: 1102 Test Date: 05/25/2024 Test Time: 3:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	3:42pm	

#### CRC Tests

Status	Time
Pass	3:42pm
Pass	3:42pm
	Pass

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

he preventive erial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the 25 <sup>th</sup> day of May, 20 <sup>24</sup> the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healt roices, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

## MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973 Test Date: 05/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Greene, Nathaniel T Permit Number: 0067-5960 Effective: 07/01/2022-07/01/2024

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	3:33pm
AIR BLK	.00	3:34pm
ACCY CHK	.08	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MCDOWELL COUNTY BAT MOBILE UNIT 2 580

Serial Number: 008973 Test Record Number: 1159
Test Date: 05/25/2024 Test Time: 3:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm
		No contract of the second

#### Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

#### Printer Tests

Test

	2000	2000
PRNT	Pass	3:42pm
	CRC Tests	

Status Time

resc	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	al No. 008601 Instrument Location BAT Mobile Region 4  Mrn+ Hill PD
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the <u>33</u> day of <u>May</u> , 20 <u>24</u> the forgoing preventive maintenance procedures on the instrument indicated above; in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

MECKLENBURG COUNTY BAT MOBILE REGION 4 590

> Serial Number: 008601 Test Date: 05/23/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.08	8:05pm
AIR BLK	.00	8:06pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008601 Test Record Number: 1582 Test Date: 05/23/2024 Test Time: 8:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:12pm 8:12pm
10.000.000.000	and the second second	or a conferme

Preventive Maintenance Status: Pass

Sun D Klassul

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 33 day of

MECKLENBURG COUNTY BAT MOBILE REGION 4

Serial Number: 008816 Test Date: 05/23/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	7:58pm
AIR BLK	.00	7:59pm
ACCY CHK	.08	8:00pm
AIR BLK	.00	8:00pm
SUB TEST	.00	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# MECKLENBURG COUNTY BAT MOBILE REGION 4 590

Serial Number: 008816 Test Record Number: 7701 Test Date: 05/23/2024 Test Time: 8:05pm EDT

System Check: Passed

## Baseline Tests

Status	Time
Pass	8:05pm
Pass	8:05pm
Pass	8:06pm
	Pass Pass

## Temperature Tests

Test	Status	Time
FC1	Pass	8:06pm
SRC	Pass	8:06pm
DET	Pass	8:06pm
BAR	Pass	8:06pm
BT	Pass	8:06pm

#### Blank Tests

Test	Status	Time
ATR	Pass	8 · 06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:06pm
	CRC Tests	
	22.00	1222

rest	Status	Time
COMP	Pass	8:06pm
CAL	Pass	8:06pm

Preventive Maintenance Status: Pass

Son Hassun &

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Titchell Instrument Location Sprace Pine PD
Instrument Ser	ial No. OD \$776 Spine Pine, NC
The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
vere performed	the, 20_2 4 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health ices, and the instrument is functioning properly.
GIAM ACCOUNTS	- 77/V 668
A signed original	Signature of Certifying Official Certificate Number of the preventive maintenance record shall be kept on file for at least three years.

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 05/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK		10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

# MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 1408 Test Date: 05/17/2024 Test Time: 10:25am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:25am
FLO	Pass	10:25am
FC	Pass	10:25am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am

## CRC Tests

Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ISH	Instrument Location_	11/15/	Cour	ty VETON	Trod Cont
Instrument Se	rial No. <u>100 Stb</u> 30		222	5 WA	SHANGTON	37
		1,100,00	NASHO	THEY !	vc.	
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed	e Intoximeters, Model In at least once every four	tox EC/IR months are	II and Model	Intox EC/IR II	(Enhanced with
(1)	Verify the ethanol gas canis breath simulator thermomet	eter displays at least 51 p er shows 34 degrees, plu	ounds per : is or minus	quare inch () .2 degree cer	osi) of pressure, ntigrade;	or the alcoholic
(2)	Verify instrument displays t	time and date;				
(3)	Initiate breath test sequence					
(4)	Enter information as prompt	ted;				
(5)	Verify instrument accuracy;					
(6)	When "PLEASE BLOW" ap	ppears, collect breath san	nple;			
(7)	When "PLEASE BLOW" ap	opears, collect breath san	nple;			
(8)	Print test record;					
(9)	Run diagnostic program and	confirm preventive mai	ntenance st	atus of "Pass	"; and	
(10)	Verify that the ethanol ga- simulator solution is being whichever occurs first.	s canister is being cha	nged befor	e expiration	date or the a	lcoholic breath Simulator tests,
were performed	theday ofdo not the instrument indicated abvices, and the instrument is func	, 20 – sove, in accordance with tioning properly.	29 the for current re	rgoing preve gulations of	ntive maintena the N.C. Depart	nce procedures ment of Health
	SAS.	not/	)		6	>)

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Date: 05/17/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210F	TTIME
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

# NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630 Test Record Test Date: 05/17/2024 Test Time:

Test Record Number: 6129 Test Time: 3:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:03pm 3:03pm
FC	Pass	3:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:04pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 31 day of May , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

> Serial Number: 008601 Test Date: 05/31/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.08	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

Serial Number: 008601 Test Record Number: 1589
Test Date: 05/31/2024 Test Time: 7:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:35pm
FLO	Pass	7:35pm
FC	Pass	7:35pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:35pm
SRC	Pass	7:35pm
DET	Pass	7:35pm
BAR	Pass	7:35pm
BT	Pass	7:35pm

### Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:36pm

Pass 7:36pm

Preventive Maintenance Status: Pass

CAL

Analyst Service Provide No.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
certify that on were performed and Human Ser	the 25 day of NAY 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 05/20/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective: 01/01/2024-01/01/2026

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 2646 Test Date: 05/20/2024 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass .	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	
Mont	Status	Time

Test	Status	Time
COMP	Pass Pass	12:38pm 12:38pm

Preventive Maintenance Status: Pass

Analyst

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 3/ day of

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

> Serial Number: 008736 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	7:24pm
AIR BLK	.00	7:25pm
ACCY CHK	.08	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

# NEW HANOVER COUNTY BAT MOBILE REGION 4 640

Serial Number: 008736 Test Record Number: 1244
Test Date: 05/31/2024 Test Time: 7:34pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:34pm
FLO	Pass	7:34pm
FC	Pass	7:34pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:35pm

Preventive Maintenance Status: Pass

Aleosen

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventiv serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholi breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 3/ day of

Certificate Number

NEW HANOVER COUNTY BAT MOBILE REGION 4 640

> Serial Number: 008816 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	7:26pm
AIR BLK	.00	7:27pm
ACCY CHK	.08	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:31pm
AIR BLK	.00	7:32pm

Reported AC: .. 00 g/210L

Signature of Chemical Analyst

Court CVR

Juy & Hassen

# NEW HANOVER COUNTY BAT MOBILE REGION 4 640

Serial Number: 008816 Test Record Number: 7703 Test Date: 05/31/2024 Test Time: 7:34pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass	7:34pm 7:34pm
10	Pass	7:34pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	

rest	Status	Time
COMP	Pass	7:35pm
CAL	Pass	7:35pm

Preventive Maintenance Status: Pass

Analyst Carry

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Of	ANGE	Instrument Location Orange	e Go Defention Cha
Instrument Se	rial No. 008799	12000	IS Huy TO WEST
		Hillsh	Huy TO WAST
The preventive serial number	e maintenance procedures f 10,000 or higher) to be follo		
(1)	Verify the ethanol gas		
(2)	Verify instrument disp		
(3)	Initiate breath test sequ	nence;	
(4)	Enter information as pr	rompted;	
(5)	Verify instrument accur	racy;	
(6)	When "PLEASE BLOV	W" appears, collect breath sample;	
(7)		W" appears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program	and confirm preventive maintenance st	tatus of "Pass"; and
(10)	Verify that the ethano	l gas canister is being changed before	re expiration date, or the alcoholic breath ofter 125 Alcoholic Breath Simulator tests,
certify that on were performed and Human Ser	the day of I on the instrument indicate vices, and the instrument is	dAy 2027 the for above, in accordance with current refunctioning properly.	rgoing preventive maintenance procedures gulations of the N.C. Department of Health
Com see	Sman	Signature of Certifying Official	Certificate Number

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008799 Test Date: 05/07/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	3:23pm 3:24pm 3:25pm 3:26pm 3:26pm 3:27pm 3:28pm 3:29pm
and an arrange of		3.2900

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sour States BARRES

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008799 Test Record Number: 4089
Test Date: 05/07/2024 Test Time: 3:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:30pm 3:30pm
FC	Pass	3:30pm

# Temperature Tests

Status	Time
Pass Pass Pass Pass	3:30pm 3:30pm 3:30pm 3:30pm 3:30pm
	Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

### Printer Tests

rest	Status	Time
PRNT	Pass	3:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	3:31pm 3:31pm

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County O/	PANGE Instrument Location Change C	Delention Can
Instrument Se	rial No. 00 8839 1200 US	Huy DO WEST
	Hellsber	wigh NC
The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II ( 10,000 or higher) to be followed at least once every four months are:	
(1)	Verify the ethanol gas canister displays at least 51 pounds per squ breath simulator thermometer shows 34 degrees, plus or minus .2	are inch (psi) of pressure, or the alcoholic degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance statu	s of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before of simulator solution is being changed every four months or after whichever occurs first.	
were performed	the	ing preventive maintenance procedures ations of the N.C. Department of Health
STATE OF STATE OF		
通知	2	
STATE OF THE STATE	(3)	
SOW IEE	Dum Hotes Varios	662
	Signature of Certifying Official	Certificate Number

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Date: 05/07/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400301 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	3:20pm
AIR BLK	.00	3:20pm
ACCY CHK	.08	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

COULT CAN

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Somm 8 Ales Barres

ORANGE COUNTY DETENTION CENTER 670

Serial Number: 008839 Test Record Number: 2762

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:28pm
FC	Pass	3:28pm 3:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:29pm 3:29pm

Preventive Maintenance Status: Pass

Sinon Aolog Brus

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County(	ORANGE Instrument Location Chapel HIII PD
Instrument S	erial No. 008856 828 Martin Lutter King Jr. Elwal
	Chapel Hill, NL
The preventive serial number	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi r 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatl simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or were performe and Human Se	n the 9 day of May, 2029 the forgoing preventive maintenance procedures of the instrument indicated above, in accordance with current regulations of the N.C. Department of Health revices, and the instrument is functioning properly.
	CONTRACTOR OF THE PROPERTY OF
	Soum States Bours 667
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 05/09/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303102 Exp Date: 01/31/2025

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.08	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 3150 Test Date: 05/09/2024 Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pr

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:00pm 4:00pm

Preventive Maintenance Status: Pass

Somm Stokes Breezes

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	ial No.008950 ZOOE, Colonial Ave Elizabeth City, NC
The preventive serial number 1	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that or were performe and Human Ser	the 3 day of
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 05/03/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Chappell, Mark A
Permit Number: 0020-6272
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	11:05am
AIR BLK	.00	11:05am
ACCY CHK	.07	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 2121 Test Date: 05/03/2024 Test Time: 11:13am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

CAL Pass 11:14am

Preventive Maintenance Status: Pass

Analyst/

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Pender	Instrument Location	TAE	Mobile	Unit 6
Instrument Ser	ial No. <u>00 8584</u>	0	Pender	(ant)	, 50
	e maintenance procedures for th 10,000 or higher) to be followed			del Intox EC/IR II	(Enhanced with
(1)		ster displays at least 51 por eter shows 34 degrees, plus			or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	pted;			
(5)	Verify instrument accuracy	75			
(6)	When "PLEASE BLOW"	appears, collect breath samp	ple;		
(7)	When "PLEASE BLOW"	appears, collect breath samp	ple;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive main	tenance status of "Pa	ass"; and	
(10)		as canister is being chang g changed every four mo			
were performe	the 315 day of Modern the instrument indicated a rvices, and the instrument is fur	above, in accordance with	the forgoing procurrent regulations	eventive maintena of the N.C. Depart	nce procedures ment of Health

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008584 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	7:07pm
AIR BLK	.00	7:08pm
ACCY CHK	. 07	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:12pm
AIR BLK	.00	7:13pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008584 Test Record Number: 2706 Test Date: 05/31/2024 Test Time: 7:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
BT	Pass	7:17pm

#### Blank Tests

Test	Status	7:18pm	
AIR	Pass		

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:18mm

Preventive Maintenance Status: Pass

Pass

7:18pm

CAL

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Pe	nder	Instrument Location_	BAT M	Tobile Unit 6
Instrument Seria	INO. 008637	-	Pender	County SO
The preventive of serial number 10	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Model Ir d at least once every four	ntox EC/IR II and Mo months are;	odel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	oounds per square inc us or minus .2 degree	ch (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	pted;		
(5)	Verify instrument accuracy	rs		
(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;	
(7)	When "PLEASE BLOW" a	appears, collect breath sa	mple;	
(8)	Print test record;			
(9)	Run diagnostic program an	d confirm preventive ma	intenance status of "	Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed every four n	anged before expira nonths or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
were performed	on the instrument indicated a	bove, in accordance wit	24 the forgoing p h current regulations	reventive maintenance procedures s of the N.C. Department of Health
STATE ON				
	48	,_		
Manual Property of the Parket				684
	-	Signature of Certifying (	Official	Certificate Number
	The preventive of serial number 10 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  I certify that on were performed and Human Servential number 10 (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10)	The preventive maintenance procedures for the serial number 10,000 or higher) to be followed:  (1) Verify the ethanol gas can breath simulator thermome (2) Verify instrument displays:  (3) Initiate breath test sequence:  (4) Enter information as promption (5) Verify instrument accuracy:  (6) When "PLEASE BLOW" at (7) When "PLEASE BLOW" at (8) Print test record;  (9) Run diagnostic program and (10) Verify that the ethanol goes imulator solution is being whichever occurs first.  I certify that on the analysis of the were performed on the instrument indicated and Human Services, and the instrument is further than the services are the services and the instrument is further than the services are the servic	The preventive maintenance procedures for the Intoximeters, Model Ir serial number 10,000 or higher) to be followed at least once every four  (1) Verify the ethanol gas canister displays at least 51 procedures insimulator thermometer shows 34 degrees, play the ethanol gas canister displays at least 51 procedures in insimulator thermometer shows 34 degrees, play the ethanol gas canister displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sate of the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister is being changed every four maintained in the ethanol gas canister in the ethanol ga	The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Miserial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square into breath simulator thermometer shows 34 degrees, plus or minus .2 degree (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Company of the Company of t

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008637 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	6:59pm
AIR BLK	.00	7:00pm
ACCY CHK	.08	7:00pm
AIR BLK	.00	7:02pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm
SUB TEST	.00	7:05pm
AIR BLK	.00	7:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008637 Test Record Number: 3405 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

### Blank Tests

Test	Status	Time	
AIR	Pass	7:09pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:09pm

Preventive Maintenance Status: Pass

7:09pm

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and

MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

C	County	Pender	Instrument Location	BAT	Mobile	Un:t	6
1	nstrument Seri	al No. 00 8779		Pender	County	So	
			or the Intoximeters, Model Int		Model Intox EC/I	R II (Enhance	d with
	(1)		canister displays at least 51 po ometer shows 34 degrees, plus			ure, or the alc	oholic
	(2)	Verify instrument disp	lays time and date;				
	(3)	Initiate breath test seq	uence;				
	(4)	Enter information as p	rompted;				
	(5)	Verify instrument accu	ıracy;				
,	(6)	When "PLEASE BLO	W" appears, collect breath san	aple;			
	(7)	When "PLEASE BLO	W" appears, collect breath san	iple;			
	(8)	Print test record;					
	(9)	Run diagnostic progra	m and confirm preventive main	ntenance status o	of "Pass"; and		
	(10)		ol gas canister is being char being changed every four me				
W	ere performed	the 31 day of on the instrument indicavices, and the instrument	ted above, in accordance with	the forgoing current regulati	g preventive main ons of the N.C. D	tenance proce epartment of l	edures Health
1	STATE						
A SEA			1				
4	100000	9			(	84	
			Signature of Certifying O	Micial	Certific	rate Number	- 7

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008779 Test Date: 05/31/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	7:04pm
AIR BLK	.00	7:05pm
ACCY CHK	.07	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm

Reported Act .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

4

#### PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008779 Test Record Number: 3997 Test Date: 05/31/2024 Test Time: 7:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:13pm
FLO	Pass	7:13pm
FC	Pass	7:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:13pm
SRC	Pass	7:13pm
DET	Pass	7:13pm
BAR	Pass	7:13pm
BT	Pass	7:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:14pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:14pm
CAL	Pass	7:14pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seri	ENDER Instrument Location PENDER COUNT  Trial No. 00 8948  GOVERNMENT AN	NEX
The preventive serial number I	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II 10,000 or higher) to be followed at least once every four months are:	I (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	alcoholic breatl Simulator tests
were performed	on the 7 day of AY, 2024 the forgoing preventive maintended on the instrument indicated above, in accordance with current regulations of the N.C. Departures, and the instrument is functioning properly.	nance procedure artment of Healt
	683	_
	Signature of Certifying Official Certificate	e Number

DHHS 4080 (04/20)

#### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Date: 05/07/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GILLESPIE, PENTTI W Permit Number: 9523-2149 Effective:

01/01/2024-01/01/2026

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:24pm

Reported at: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948 Test Record Number: 1495 Test Date: 05/07/2024 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:28pm 2:28pm

Preventive Maintenance Status: Pass

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II 0,000 or higher) to be followed at least once every four months are:	and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per so breath simulator thermometer shows 34 degrees, plus or minus 2	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance sta	tus of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or aft whichever occurs first.	
were performed	the Hay of May, 20-4 the form on the instrument indicated above, in accordance with current regions, and the instrument is functioning properly.	going preventive maintenance procedures ulations of the N.C. Department of Health
STATE		613
GIM AND	Signature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 05/28/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Driver's License Number: NONE

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 4679 Test Date: 05/28/2024 Test Time: 10:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:16am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	County_R	ANDOLPH Instrument Location LIBERTY POLICE
	Instrument Seria	al No. 008830 DEPARTMENT
	The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
ķ.	(5)	Verify instrument accuracy;
ř	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on were performed and Human Ser	the B day of A , 20 A the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
	STATE	
U-675/5/20		1007
e.	Commission	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Date: 05/28/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG308703 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:20am

Signature of Chemical analyst

Court CVR

Analyst

# RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830 Test Record Number: 857 Test Date: 05/28/2024 Test Time: 10:21am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:21am
FC	Pass	10:27am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
BT	Pass	10:22am

#### Blank Tests

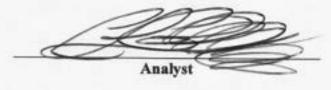
Test	Status	Time
AIR	Pass	10:22am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22am
	CRC Tests	

rest	Status	Time
COMP	Pass Pass	10:22am 10:22am
CALL	2000	IU. ZZdill

Preventive Maintenance Status: Pass



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and M 0,000 or higher) to be followed at least once every four months are:	fodel Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square in breath simulator thermometer shows 34 degrees, plus or minus .2 degre	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of	"Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 125 whichever occurs first.	
	the day of day o	preventive maintenance procedures as of the N.C. Department of Health
GUM AND	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Date: 05/31/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 3390 Test Date: 05/31/2024 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:23pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm
	CRC Tests	

# Test Status Time

COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance Status: Pass

Analysi

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Date: 05/31/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Galloway, Charles L Permit Number: 0023-9771

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.07	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 4239 Test Date: 05/31/2024 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	12:21pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:22pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:22pm
CAL	Pass	12:22pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with scrial number 10,000 or higher)

C	ounty	Robeson	Instrument Location_	BAT	Pobile les	.+ 6
tr	nstrument S	Serial No. 008580	_	Robeson	County	So
T	he preventi erial numbe	ive maintenance procedures for the er 10,000 or higher) to be followed	Intoximeters, Model In at least once every four	tox EC/IR II and M months are:	fodel Intox EC/IR I	I (Enhanced with
	(1)	Verify the ethanol gas canis breath simulator thermomet	ter displays at least 51 p er shows 34 degrees, plu	ounds per square in s or minus .2 degre	nch (psi) of pressure e centigrade;	e, or the alcoholic
	(2)	Verify instrument displays	ime and date;			
	(3)	Initiate breath test sequence	;			
	(4)	Enter information as promp	ted;			
	(5)	Verify instrument accuracy				
	(6)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;		
	(7)	When "PLEASE BLOW" a	ppears, collect breath sar	mple;		
	(8)	Print test record;				
	(9)	Run diagnostic program and	d confirm preventive mai	intenance status of	"Pass"; and	
	(10)	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being cha changed every four n	anged before expir nonths or after 125	ation date, or the 5 Alcoholic Breath	alcoholic breath Simulator tests,
W	vere perform	on the 24 day of 6 med on the instrument indicated a Services, and the instrument is fun	bove, in accordance with	the forgoing h current regulation	preventive mainten ns of the N.C. Depart	nance procedures artment of Health
1	/OH		1		681	4
			Enature of Certifying C	Official		e Number

ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008580 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm

Reported AC: / 90 g/210L

Signatur of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008580 Test Record Number: 2939 Test Date: 05/24/2024 Test Time: 9:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:27pm
FLO	Pass	9:27pm
FC	Pass	9:28pm

#### Temperature Tests

Test	Status	Time	
FC1	Pass	9:28pm	
SRC	Pass	9:28pm	
DET	Pass	9:28pm	
BAR	Pass	9:28pm	
BT	Pass	9:28pm	

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:28pm	

#### Printer Tests

Test Status Time

PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:28pm
CAL	Pass	9:28pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Lancas and the second	on 0000				anit 6
Instrument Seri	al No. 00 8580	-	Robeson	County	SO
The preventive serial number 1	maintenance procedures for th 0,000 or higher) to be followed	e Intoximeters, Model In d at least once every four	tox EC/IR II and N months are:	Model Intox EC/IR II	(Enhanced with
(1)	Verify the ethanol gas cani breath simulator thermome	ster displays at least 51 p ter shows 34 degrees, plu	ounds per square in s or minus .2 degre	nch (psi) of pressure se centigrade;	, or the alcoholic
(2)	Verify instrument displays	time and date;			
(3)	Initiate breath test sequence	e;			
(4)	Enter information as promp	oted;			
(5)	Verify instrument accuracy	7			
(6)	When "PLEASE BLOW"	appears, collect breath sar	mple;		
(7)	When "PLEASE BLOW" a	appears, collect breath sar	mple;		
(8)	Print test record;				
(9)	Run diagnostic program an	d confirm preventive mai	intenance status of	"Pass"; and	
(10)	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being cha g changed every four m	anged before expirements or after 12:	ation date, or the 5 Alcoholic Breath	alcoholic breath Simulator tests,
were performed	the 30 day of	bove, in accordance with	the forgoing the current regulation	preventive mainten	ance procedures
OF COM VOO		Signature of Certifying O	Minist	Certificate	Number

ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008580 Test Date: 05/30/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	8:50pm
AIR BLK	.00	8:51pm
ACCY CHK	.07	8:51pm
AIR BLK	.00	8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm
SUB TEST	.00	8:55pm
AIR BLK	.00	8:56pm

Reported AC: 09 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008580 Test Record Number: 2941 Test Date: 05/30/2024 Test Time: 8:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:01pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:01pm

Preventive Maintenance Status: Pass

Pass

9:01pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

C	ounty R	obeson	Instrument Location_	BAT	Mobile	Unit	6
li	nstrument Seri	al No. 00 8637	-	Robeson	Coun	ty so	_
T	'he preventive erial number I	maintenance procedures for 0,000 or higher) to be follow	the Intoximeters, Model In ed at least once every four	ntox EC/IR II and months are:	Model Intox E	C/IR II (Enhance	d with
	(1)	Verify the ethanol gas car breath simulator thermon	nister displays at least 51 neter shows 34 degrees, pl	pounds per square us or minus .2 deg	inch (psi) of pr ree centigrade;	ressure, or the alc	oholic
	(2)	Verify instrument display	s time and date;				
	(3)	Initiate breath test sequen	ce;				
	(4)	Enter information as pror	npted;				
1	(5)	Verify instrument accura-	ey:				
,	(6)	When "PLEASE BLOW"	appears, collect breath sa	mple;			
	(7)	When *PLEASE BLOW*	appears, collect breath sa	mple;			
	(8)	Print test record;					
	(9)	Run diagnostic program a	and confirm preventive ma	intenance status o	f "Pass"; and		
	(10)	Verify that the ethanol simulator solution is bei whichever occurs first.	gas canister is being ch ng changed every four i	anged before exp months or after I	piration date, o 25 Alcoholic I	r the alcoholic Breath Simulator	breath tests,
W	ere performed	the 2 day of Me. I on the instrument indicated vices, and the instrument is for	above, in accordance wit	24 the forgoing	g preventive m ons of the N.C.	aintenance proc Department of	edures Health
OF AY			1-				
4	VOUS !			252	6	84	
			Stenature of Certifying (	Official	Cer	tificate Number	

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008637 Test Date: 05/24/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	8:25pm
AIR BLK	.00	8:26pm
ACCY CHK	.08	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008637 Test Record Number: 3403 Test Date: 05/24/2024 Test Time: 8:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	8:34pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	

1000	Deacab	
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Test Status Time

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	ico sesori	Instrument Location	0 .	Mobile Unit 6 County SO
Instrument Se	erial No. 008686	-	Loseson	County SO
The preventive serial number	we maintenance procedures for the 10,000 or higher) to be followe	he Intoximeters, Model In d at least once every four	tox EC/IR II and months are:	Model Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas can breath simulator thermome	ister displays at least 51 p eter shows 34 degrees, plu	ounds per square s or minus .2 degs	inch (psi) of pressure, or the alcoholi ree centigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as prom	pted;		
(5)	Verify instrument accuracy	y;		
(6)	When "PLEASE BLOW"	appears, collect breath san	mple;	
(7)	When "PLEASE BLOW"	appears, collect breath san	mple;	
(8)	Print test record;		1	
(9)	Run diagnostic program ar	nd confirm preventive mai	ntenance status of	f"Pass"; and
(10)	Verify that the ethanol g simulator solution is bein whichever occurs first.	gas canister is being changed every four m	nged before exponents or after 12	iration date, or the alcoholic breatl 25 Alcoholic Breath Simulator tests
were perform	on the 24 <sup>th</sup> day of Ma ed on the instrument indicated a ervices, and the instrument is fur	bove, in accordance with	the forgoing current regulation	preventive maintenance procedures ons of the N.C. Department of Health
			_	684

ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008686 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008686 Test Record Number: 7058 Test Date: 05/24/2024 Test Time: 9:21pm EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	9:21pm
Pass	9:21pm
Pass	9:21pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

#### Printer Tests

Test Status Time

PRNT	Pass	9:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

Preventive Maintenance Status: Pass

Analyst



Instrument	Serial No	∞ 8°.	86	-	Robeson	County	_02_
The preven	tive mainten per 10,000 or	ance procedures higher) to be fo	s for the Intoxime ollowed at least or	ters, Model Ini ace every four	ox EC/IR II and I	Model Intox EC/IR	II (Enhanced with
(1)			as canister display rmometer shows 3			inch (psi) of pressur ree centigrade;	e, or the alcoholic
(2)	Veri	y instrument di	splays time and d	ate;			
(3)	Initia	ite breath test se	equence;				
(4)	Enter	r information as	prompted;				
(5)	Veri	fy instrument ac	curacy;				
(6)	Whe	n "PLEASE BL	OW" appears, co	llect breath san	aple;		
(7)	Whe	n "PLEASE BL	OW" appears, col	llect breath san	aple;		
(8)	Print	test record;					
(9)	Run	diagnostic prog	ram and confirm ;	preventive mai	ntenance status of	"Pass"; and	
(10	simu	y that the etha lator solution i hever occurs fir	s being changed	is being cha every four m	nged before expi onths or after 12	iration date, or the 25 Alcoholic Breath	alcoholic breath Simulator tests,
were perfor	t on the 3	instrument indi-	cated above, in act is functioning pr	ccordance with	the forgoing current regulation	preventive mainteners of the N.C. Dep	nance procedures artment of Health

ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008686 Test Date: 05/30/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J
Permit Number: 1820-8591
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.08	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:49pm
AIR BLK	.00	8:49pm
SUB TEST	.00	8:51pm
AIR BLK	.00	8:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008686 Test Record Number: 7060 Test Date: 05/30/2024 Test Time: 8:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:52pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

#### Blank Tests

Test	Status	Time 8.53pm	
ATP	Dage		

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:54pm

Preventive Maintenance Status: Pass

Pass

8:54pm

CAL

Analyst



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	(1)			our months are:		
		Verify the ethanol gas of breath simulator thermo	canister displays at least 5 ometer shows 34 degrees,	l pounds per squa plus or minus .2 d	re inch (psi) of pr egree centigrade;	essure, or the alcoholi
	(2)	Verify instrument displa	ays time and date;			
	(3)	Initiate breath test seque	ence;			
	(4)	Enter information as pro	ompted;			
)	(5)	Verify instrument accur	racy;			
,	(6)	When "PLEASE BLOV	V" appears, collect breath	sample;		
	(7)	When "PLEASE BLOV	V" appears, collect breath	sample;		
	(8)	Print test record;				
	(9)	Run diagnostic program	and confirm preventive	maintenance status	s of "Pass"; and	
	(10)	Verify that the ethano simulator solution is b whichever occurs first.	ol gas canister is being being changed every fou	changed before e r months or after	expiration date, of 125 Alcoholic I	or the alcoholic breat Breath Simulator test
were j	performed	the 24 day of	ed above, in accordance	20_24_ the forgo with current regul	ing preventive mations of the N.C	naintenance procedure . Department of Heal



ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008776 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008776 Test Record Number: 4006 Test Date: 05/24/2024 Test Time: 9:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:30pm
FLO	Pass	9:30pm
FC	Pass	9:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	9:30pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:31pm
CAL	Pass	9:31pm

Preventive Maintenance Status: Pass

Analyst



# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	Lobeson	Instrument Location	BAT	Mobile	unit 6
Instrument Se	rial No. 00 8776		Robeson	County	ر ۵۵
	e maintenance procedures for t 10,000 or higher) to be follow			fodel Intox EC/IR	II (Enhanced wit
(1)		nister displays at least 51 p seter shows 34 degrees, plu			re, or the alcoholi
(2)	Verify instrument display	s time and date;			
(3)	Initiate breath test sequen	ce;			
(4)	Enter information as pron	npted;			
(5)	Verify instrument accuracy	y;			
(6)	When "PLEASE BLOW"	appears, collect breath sar	nple;		
(7)	When "PLEASE BLOW"	appears, collect breath sar	nple;		
(8)	Print test record;				
(9)	Run diagnostic program a	and confirm preventive mai	ntenance status of	"Pass"; and	
(10)		gas canister is being cha ng changed every four n			
were perform	on the 364 day of ed on the instrument indicated ervices, and the instrument is f	above, in accordance with	the forgoing current regulation	preventive mainte ns of the N.C. Dep	enance procedure partment of Healt
SATE					
				684	
		Signature of Certifying C	fficial		te Number



#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008776 Test Date: 05/30/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Sharpe Jr., Robert J Permit Number: 1820-8591 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.08	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm

Reported AC: .00 9/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY BAT MOBILE UNIT 6 770

Serial Number: 008776 Test Record Number: 4008 Test Date: 05/30/2024 Test Time: 8:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:55pm
SRC	Pass	8:55pm
DET	Pass	8:55pm
BAR	Pass	8:55pm
BT	Pass	8:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:56pm

#### Printer Tests

1600	Scarus	TIME
PRNT	Pass	8:56pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:56pm
CAL	Pass	8:56pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

T	he preventive erial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
94	vere performed	the 30 day of MAY, 20,24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 05/30/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303001 Exp Date: 01/30/2025

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:21pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 2656 Test Date: 05/30/2024 Test Time: 12:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:28pm 12:28pm
FC	Pass	12:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time

12:29pm

12:29pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

preventive al number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholibreath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
performed	the 30 day of MAY 2024 the forgoing preventive maintenance procedure on the instrument indicated above, in accordance with current regulations of the N.C. Department of Healtwices, and the instrument is functioning properly.

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 05/30/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG303001 Exp Date: 01/30/2025

g/210L	Time
Pass	9:41am
.00	9:42am
.07	9:43am
	9:44am
	9:44am
	9:45am
	9:47am
	9:48am

Reported AC: .00 g/210L

Court CVR

chature of Chemical Analyst

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1518 Test Date: 05/30/2024 Test Time: 9:51am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:51am
FLO	Pass	9:51am
FC	Pass	9:51am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:51am
SRC	Pass	9:51am
DET	Pass	9:51am
BAR	Pass	9:51am
BT	Pass	9:51am

#### Blank Tests

Test	Status	Time
ATR	Pass	9:52am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:52am
	CRC Tests	
Test	Status	Time

COMP Pass	9:52am
CAL Pass	9:52am

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 10	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 30 TH day of MAY, 20 34 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

> Serial Number: 008796 Test Date: 05/30/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK		11:23am
	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK		11:26am
SUB TEST		11:27am
AIR BLK		11:28am

Reported AC: .00 g/210L

Court CVR

of Chemical

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 3746 Test Date: 05/30/2024 Test Time: 11:29am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:31am

11:31am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Maintenant and

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with
serial flumoer	10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Serv	the Z8 day of
STATE OF	
3	
OWN NO.	1 - 45 - 7/
Sinney .	Significant - 668
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 05/28/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:53am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: .00 g/210L2

Signature of Chemical

Analyst

Court CVR

Analyst

# RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 1145 Test Date: 05/28/2024 Test Time: 11:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02am 11:02am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wit serial number 10,000 or higher) to be followed at least once every four months are:  (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholio breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the 2 day of 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  Signature of Certifying Official Certificate Number	County R.	therford Instrument Location Rutherford County Jail
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	Instrument Se	therford Instrument Location Rutherford County Jail  erial No. 008914  Rutherfordton, NC
(1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholis breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  (2) Verify instrument displays time and date;  (3) Initiate breath test sequence;  (4) Enter information as prompted;  (5) Verify instrument accuracy;  (6) When "PLEASE BLOW" appears, collect breath sample;  (7) When "PLEASE BLOW" appears, collect breath sample;  (8) Print test record;  (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the 28 day of 2024 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced via 10,000 or higher) to be followed at least once every four months are:
(2) Verify instrument displays time and date; (3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the		Verify the ethanol gas canister displays at least \$1
(3) Initiate breath test sequence; (4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(2)	
(4) Enter information as prompted; (5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(3)	
(5) Verify instrument accuracy; (6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(4)	
(6) When "PLEASE BLOW" appears, collect breath sample; (7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of program and confirm preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health successful the instrument is functioning properly.  Signature of Certifying Official Certificate Number	(5)	
(7) When "PLEASE BLOW" appears, collect breath sample; (8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(6)	
(8) Print test record; (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(7)	
(9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and  (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	(8)	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the		
I certify that on the		
Signature of Certifying Official	(10)	
Signature of Certifying Official Certificate Number	were performed	on the instrument indicated above in according to the longering preventive maintenance procedure
Signature of Certifying Official Certificate Number		
		Clarifornia (CC 1) CC 1
A signed original of the preventive maintenance record shall be been as a	A signed origina	al of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 05/28/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	-00	11:47am
ACCY CHK	-08	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:53am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2773 Test Date: 05/28/2024 Test Time: 11:54am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:54am
FC	Pass	11:54am

#### Temperature Tests

Test Status T	ime
FC1 Pass 1	1:55am
	1:55am
DET Pass 1	1:55am
BAR Pass 1	1:55am
BT Pass 1	1:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time

COMP Pass 11:55am CAL Pass 11:55am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 26 day of

A signed original of the preventive maintenance record shall be kept on file for at least three years.

# STANLY COUNTY BAT MOBILE REGION 4 830

Serial Number: 008601 Test Date: 05/26/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	4:22pm
AIR BLK	.00	4:23pm
ACCY CHK	.08	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:28pm
AIR BLK	.00	4:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# STANLY COUNTY BAT MOBILE REGION 4 830

Serial Number: 008601 Test Record Number: 1586 Test Date: 05/26/2024 Test Time: 4:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:31pm

#### Temperature Tests

Test Status Tin	ne .
FC1 Pass 4:3	31pm
	1pm
	1pm
	1pm
	1pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	4:32pm 4:32pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 26 day of

A signed original of the preventive maintenance record shall be kept on file for at least three years.

# STANLY COUNTY BAT MOBILE REGION 4 830

Serial Number: 008615 Test Date: 05/26/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D Permit Number: 7180-9235 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	4:23pm 4:24pm 4:24pm 4:25pm
AIR BLK SUB TEST	.00	4:26pm 4:27pm 4:28pm
AIR BLK	.00	4:29pm

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Hanne

### STANLY COUNTY BAT MOBILE REGION 4 830

Serial Number: 008615 Test Record Number: 5916 Test Date: 05/26/2024 Test Time: 4:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time

COMP	Pass	4:34pm
CAL	Pass	4:34pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	e maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 26 day of

A signed original of the preventive maintenance record shall be kept on file for at least three years.

# STANLY COUNTY BAT MOBILE REGION 4 830

Serial Number: 008736 Test Date: 05/26/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Glasscock, Jerry D
Permit Number: 7180-9235
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405102 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:30pm

Reported AC: ,00 g/210L

Signacure of Chemical Analyst

Court CVR

Analyst Analyst

# STANLY COUNTY BAT MOBILE REGION 4 830

Serial Number: 008736 Test Record Number: 1241 Test Date: 05/26/2024 Test Time: 4:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	4:39pm
FC	Pass	4:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:39pm
SRC	Pass	4:39pm
DET	Pass	4:39pm
BAR	Pass	4:39pm
BT	Pass	4:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4 - 4 Oram

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Suz O Mareir

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Ser	al No	AUREN	ARLE NE
	maintenance procedures for the Intoxii 0,000 or higher) to be followed at least		nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canister disp breath simulator thermometer show		are inch (psi) of pressure, or the alcoholic legree centigrade;
(2)	Verify instrument displays time and	date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompted;		
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" appears,	collect breath sample;	
(7)	When "PLEASE BLOW" appears,	collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and confirm	n preventive maintenance status	s of "Pass"; and
(10)			expiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performed	the	accordance with current regul	ing preventive maintenance procedures ations of the N.C. Department of Health
CHAMP OF THE		o rellen	CAto

A signed original of the preventive maintenance record shall be kept on file for at least three years.

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Date: 05/02/2024

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Fleming, Tina S

Permit Number: 0027-4970

Effective:

07/01/2022-07/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:27pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Record Number: 1092

Test Date: 05/02/2024 Test Time: 3:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:35pm
CAL	Pass	3:35pm

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 16	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 28 day of MAY

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 05/28/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A
Permit Number: 0035-3799
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG303001 Exp Date: 01/30/2025

T	est	g/210L	Time
D	IAG	Pass	9:45am
Α	IR BLK	.00	9:46am
A	CCY CHK	.07	9:46am
A	IR BLK	.00	9:48am
S	UB TEST	.00	9:48am
A	IR BLK	.00	9:50am
S	UB TEST	.00	9:51am
A	IR BLK	.00	9:51am

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

#### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1462 Test Date: 05/28/2024 Test Time: 9:52am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:52am 9:52am
FC	Pass	9:53am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:53am

Preventive Maintenance Status: Pass

Pass

CAL

9:53am

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County	STOKES	Instrument Location		POLICE
Instrument Se	rial No. <u>00 8 7/8</u>		DEPA	ZTMENT
The preventive serial number	re maintenance procedures fo 10,000 or higher) to be folk	or the Intoximeters, Model Intox owed at least once every four mo	EC/IR II and Mode onths are:	el Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas breath simulator therm	canister displays at least 51 pou ometer shows 34 degrees, plus o	nds per square inch or minus .2 degree co	(psi) of pressure, or the alcoholic entigrade;
(2)	Verify instrument disp	ays time and date;		
(3)	Initiate breath test sequ	ence;		
(4)	Enter information as pr	rompted;		
(5)	Verify instrument accu	racy;		
(6)	When "PLEASE BLO"	W* appears, collect breath samp	le;	
(7)	When *PLEASE BLO	W* appears, collect breath samp	le;	
(8)	Print test record;			
(9)	Run diagnostic program	n and confirm preventive mainte	enance status of "Par	ss"; and
(10)				n date, or the alcoholic breath Icoholic Breath Simulator tests,
	on the 28 day of ed on the instrument indicatervices, and the instrument in	ed above, in accordance with 6	the forgoing pre- urrent regulations o	ventive maintenance procedures f the N.C. Department of Health
		Signature of Certifying Offi	cial	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

STOKES COUNTY KING PD 840

Serial Number: 008718 Test Date: 05/28/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST		11:34am
AIR BLK		11:35am

Reported AC: .00 g/210L

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

> Department of Health and Human Services Rev. 12/2007

dalyst

#### STOKES COUNTY KING PD 840

Serial Number: 008718 Test Record Number: 2408 Test Date: 05/28/2024 Test Time: 11:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	we maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that were perform and Human S	on the 13 day of MAY, 20 24 the forgoing preventive maintenance procedures and on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health dervices, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Oligmueller, Leo A Permit Number: 0035-3799 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG308101 Exp Date: 03/22/2025

g/210L	Time
Pass	12:20pm
.00	12:21pm
.08	12:21pm
.00	12:23pm
.00	12:23pm
.00	12:24pm
.00	12:26pm
.00	12:27pm
	Pass .00 .08 .00 .00

.00 g/210L

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 853 Test Date: 05/13/2024 Test Time: 12:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR-	Pass	12:28pm
FLO	Pass	1.2:28pm
FC	Pass	12:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC.	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

#### Blank Tests .

Test	Status'	Time	
AIR	Pass	12:29pm	

#### Printer Tests

rest	Status	Time
PRNT	Pass'	12:29pm
	ana	

#### CRC Tests

Test	Status	Time .
COMP	Pass	12:29pm
CAL	Pass	12:29pm

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 21 day of May , 20 24 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.    Juntary Alaba   672

A signed original of the preventive maintenance record shall be kept on file for at least three years.

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 05/21/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Hanks, Timothy S Permit Number: 0063-3175

Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
ATP BIK	0.0	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Smothy Han

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2613 Test Date: 05/21/2024 Test Time: 1:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

#### Blank Tests

Test	Status	Time	
ATR	Page	1 • 0.6pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_//	OKE	Instrument Location Rela	ICH PD NorTHEAST DIST
Instrument Se	rial No. <u>008623</u>	522	8 GREENS MAY Rd.
		FALE	ICH, MC
The preventive serial number	e maintenance procedures for the 10,000 or higher) to be followed a	Intoximeters, Model Intox EC/IR It least once every four months as	I II and Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas canists breath simulator thermometer	er displays at least 51 pounds per r shows 34 degrees, plus or minu	square inch (psi) of pressure, or the alcoholic s 2 degree centigrade;
(2)	Verify instrument displays tin	me and date;	
(3)	Initiate breath test sequence;		
(4)	Enter information as prompte	d;	
(5)	Verify instrument accuracy;		
(6)	When "PLEASE BLOW" app	pears, collect breath sample;	
(7)	When "PLEASE BLOW" app	pears, collect breath sample;	
(8)	Print test record;		
(9)	Run diagnostic program and c	confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gas	canister is being changed befo	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performer	theday ofdon the instrument indicated abovices, and the instrument is functi	ve, in accordance with current c	orgoing preventive maintenance procedures egulations of the N.C. Department of Health
SAR	S C		
	9 EAB.	11	671
	Sig	nature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:49am
AIR BLK	.00	11:49am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 4821 Test Date: 05/13/2024 Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56am 11:56am
FC	Pass	11:56am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:57am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:57am 11:57am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County W	7.7.F Page	Instrument Location	white Fire	ST PS
Instrument Ser	rial No. 008700		225 5	Taylor 5+
			WALE FOR	VEST, NC
The preventive serial number	maintenance procedures for the 10,000 or higher) to be followed	e Intoximeters, Model d at least once every for	Intox EC/IR II and Mur months are:	odel Intox EC/IR II (Enhanced wit
(1)	Verify the ethanol gas can breath simulator thermome	ster displays at least 51 ter shows 34 degrees, p	pounds per square in olus or minus .2 degree	ch (psi) of pressure, or the alcoholi e centigrade;
(2)	Verify instrument displays	time and date;		
(3)	Initiate breath test sequence	e;		
(4)	Enter information as promp	oted;		
(5)	Verify instrument accuracy			
(6)	When "PLEASE BLOW" a	ppears, collect breath s	ample;	
(7)	When "PLEASE BLOW" a	ppears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program and	d confirm preventive m	aintenance status of "I	Pass"; and
(10)	Verify that the ethanol ga	s canister is being cl	sanced before evoies	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
nd Human Ser	the day of I on the instrument indicated al vices, and the instrument is fun	DUTYES, THE BEST PROPERTY OF THE	2	reventive maintenance procedures of the N.C. Department of Health
STATE				
	DE SAL	S AL	7	1-1
	- A 10 S	ignature of Certifying	Official	Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308003 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 2391 Test Date: 05/13/2024 Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:05pm	

#### Printer Tests

Status	Time
Pass	1:05pm
CRC Tests	
Status	Time
Pass Pass	1:05pm 1:05pm
	Pass CRC Tests Status

Preventive Maintenance Status: Pass

Anabest

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

		- Instituted Loca		Springs PD
Instrument Se	rial No. 008757		750 Holly	Spings Ris
			Holly Sp	ungs, NC
The preventive serial number	e maintenance procedures i 10,000 or higher) to be foll	for the Intoximeters, Mo lowed at least once every	dal Inter EC/ID II	nd Model Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas breath simulator therm	canister displays at leas nometer shows 34 degree	t 51 pounds per squa s, plus or minus .2 de	re inch (psi) of pressure, or the alcoholic egree centigrade;
(2)	Verify instrument disp	lays time and date;		
(3)	Initiate breath test sequ	uence;		
(4)	Enter information as p	rompted;		
(5)	Verify instrument accu	iracy;		
(6)	When "PLEASE BLO"	W* appears, collect brea	th sample;	
(7)	When "PLEASE BLO"	W" appears, collect brea	th sample;	
(8)	Print test record;			
(9)	Run diagnostic program	m and confirm preventiv	e maintenance status	of "Pass"; and
(10)	Verify that the ethano simulator solution is I whichever occurs first.	being changed every to	changed before es ur months or after	spiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
were performe	the day of d on the instrument indicat rvices, and the instrument is	ted above, in accordance	20 <u>2 9</u> the forgoin with current regular	ng preventive maintenance procedures tions of the N.C. Department of Health
STAN VEN	Smin	Stoken Ka		662
	-030	Signature of Certifyi	ng Official	Certificate Number

WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: 008757 Test Date: 05/06/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Barnes, Simon S Permit Number: 0014-6221 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400302 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	9:59am
ACCY CHK	.08	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:02am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY HOLLY SPRINGS PD 910

Serial Number: 008757 Test Record Number: 2812 Test Date: 05/06/2024 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

#### Blank Tests

Test	Status	Time	
AIR	Pass	10:06am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:06am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:06am 10:06am

Preventive Maintenance Status: Pass

Som Ales Eners

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_[]	HALEN Instrument Location LOT MODILE RE	great 3
Instrument Ser	rial No. 008869 Instrument Location Let Morrie Result	E CEMMICE.
The preventive serial number	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/II 10,000 or higher) to be followed at least once every four months are:	R II (Enhanced with
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of press breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	ure, or the alcoholic
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and	
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Breat whichever occurs first.	e alcoholic breath th Simulator tests,
as were family against the	n the	enance procedures partment of Health
	EAST IN 6-	7/
	Signature of Certifying Official Certific	ue Number

WARREN COUNTY BAT MOBILE REGION 3 920

Serial Number: 008869 Test Date: 05/25/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A
Permit Number: 0017-9707
Effective:
10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG302704 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:36pm
ACCY CHK	.07	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WARREN COUNTY BAT MOBILE REGION 3 920

Serial Number: 008869 Test Date: 05/25/2024 Test Time: 2:42pm EDT

Test Record Number: 1849

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:43pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:44pm 2:44pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County_/JA	Man Instrument Location But Makela Respons
Instrument Ser	al No. 008898 Wildlife Resource Coursein
The preventive serial number l	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the
A GOW AREA	2165 04/ 671
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (04/20)

WARREN COUNTY BAT MOBILE REGION 3 920

Serial Number: 008898 Test Date: 05/25/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.07	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY BAT MOBILE REGION 3 920

Serial Number: 008898 Test Record Number: 1830 Test Date: 05/25/2024 Test Time: 2:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

#### Printer Tests

PRNT Pass 2:43pm CRC Tests Test Status Time COMP Pass 2:43pm CAL Pass 2:43pm 2:43pm	Test	Status	Time
Test Status Time COMP Pass 2:43pm	PRNT	Pass	2:43pm
COMP Pass 2:43pm		CRC Tests	
The second second	Test	Status	Time
CAL Pass 2:43pm	COMP	Pass	2:43pm
	CAL	Pass	2:43pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/ 0.000 or higher) to be followed at least once every four months	IR II and Model Intox EC/IR II (Enhanced with are:
(1)	Verify the ethanol gas canister displays at least 51 pounds p breath simulator thermometer shows 34 degrees, plus or mir	er square inch (psi) of pressure, or the alcoholic nus .2 degree centigrade;
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	e status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months of whichever occurs first.	efore expiration date, or the alcoholic breath
тыны рышканалы	theday of	forgoing preventive maintenance procedures t regulations of the N.C. Department of Health
THE RESERVE THE PERSON NAMED IN		

#### WARREN COUNTY BAT MOBILE REGION 3 920

Serial Number: 008939 Test Date: 05/25/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Bryant, Earl A Permit Number: 0017-9707 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG225701 Exp Date: 09/14/2024

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WARREN COUNTY BAT MOBILE REGION 3 920

Serial Number: 008939 Test Record Number: 1683 Test Date: 05/25/2024 Test Time: 3:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	3:06pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive serial number	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were performed	the 20 day of May , 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 05/20/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J Permit Number: 0018-4401

Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG308101 Exp Date: 03/22/2025

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:40pm
ACCY CHK	.07	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:45pm

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Record Number: 3163 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO FC	Pass Pass	3:46pm 3:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	3:47pm 3:47pm
/UELLI	E GOO	2 - 4 i biii

Preventive Maintenance Status: Pass

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 33 day of
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 05/23/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400303 Exp Date: 01/03/2026

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:10am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kuy P. S. Analyst &

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 5899
Test Date: 05/23/2024 Test Time: 11:16am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

Preventive Maintenance Status: Pass

Xu P. Lev

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

Instrument Seria		Vermont Gerrison Sty
The preventive serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/II 0,000 or higher) to be followed at least once every four months a	t II and Model Intox EC/IR II (Enhanced with re:
(1)	Verify the ethanol gas canister displays at least 51 pounds per breath simulator thermometer shows 34 degrees, plus or minu	
(2)	Verify instrument displays time and date;	
(3)	Initiate breath test sequence;	
(4)	Enter information as prompted;	
(5)	Verify instrument accuracy;	
(6)	When "PLEASE BLOW" appears, collect breath sample;	
(7)	When "PLEASE BLOW" appears, collect breath sample;	
(8)	Print test record;	
(9)	Run diagnostic program and confirm preventive maintenance	status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed bet simulator solution is being changed every four months or whichever occurs first.	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
were performed	the 3 day of 4, 20 4 the lon the instrument indicated above, in accordance with current vices, and the instrument is functioning properly.	forgoing preventive maintenance procedures regulations of the N.C. Department of Health
55AT		
BATT		
O COM VET	Ken O. her -	643

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 05/23/2024

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CH	K .08	10:01am
AIR BLK		10:02am
SUB TEST	r .00	10:03am
AIR BLK	.00	10:04am
SUB TEST	T .00	10:05am
AIR BLK	.00	10:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 459 Test Date: 05/23/2024 Test Time: 10:07am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:08am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BAR	Pass	10:08am
BT	Pass	10:08am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:08an

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:08am
	CRC Tests	

Test	Status	Time	
COMP	Pass	10:09am	
CAL	Pass	10:09am	

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	ument Seri	al No. DOS879 207E. Chestnut St., Goldsbor
The seria	preventive I number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
	(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	(2)	Verify instrument displays time and date;
	(3)	Initiate breath test sequence;
	(4)	Enter information as prompted;
	(5)	Verify instrument accuracy;
	(6)	When "PLEASE BLOW" appears, collect breath sample;
	(7)	When "PLEASE BLOW" appears, collect breath sample;
	(8)	Print test record;
	(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
	(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
were		the 23 day of May, 2024 the forgoing preventive maintenance procedures on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health vices, and the instrument is functioning properly.
3/		19 7 0 1 643

DHHS 4080 (04/20)

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Date: 05/23/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG308004 Exp Date: 03/21/2025

Test	g/210L	Time
DIAG	Pass -	11:02am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879 Test Record Number: 2462 Test Date: 05/23/2024 Test Time: 11:10am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:11am
FLO	Pass	11:11am
FC	Pass	11:11am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:11am
SRC	Pass	11:11am
DET	Pass	11:11am
BAR	Pass	11:11am
BT	Pass.	11:11am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:11an	

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:12am 11:12am
CAL	Pass	11:12am

Preventive Maintenance Status: Pass

The Analyst 8

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County U.	1500	_ Instrument Location		Doteston Cante
Instrument Seri	ial No. 008627		100 E GIRR	nst, Wilson, NI
The preventive serial number I	maintenance procedures for t 0,000 or higher) to be follows	he Intoximeters, Model ed at least once every for	Intox EC/IR II and Moor months are:	del Intox EC/IR II (Enhanced with
(1)	Verify the ethanol gas can breath simulator thermom	ister displays at least 51 eter shows 34 degrees, p	pounds per square incl lus or minus .2 degree o	n (psi) of pressure, or the alcoholic centigrade;
(2)	Verify instrument displays	s time and date;		
(3)	Initiate breath test sequen	pe;		
(4)	Enter information as prom	opted;		
(5)	Verify instrument accurae	y;		
(6)	When "PLEASE BLOW"	appears, collect breath s	ample;	
(7)	When "PLEASE BLOW"	appears, collect breath s	ample;	
(8)	Print test record;			
(9)	Run diagnostic program a	nd confirm preventive m	aintenance status of "Pa	ass"; and
(10)	Verify that the ethanol p simulator solution is being whichever occurs first.	gas canister is being c ng changed every four	hanged before expirati months or after 125 /	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	the day of Ma do the instrument indicated vices, and the instrument is fu	accordance w	the forgoing proint current regulations	eventive maintenance procedures of the N.C. Department of Health
A Gam Had	/	Key Ot	2	693
		Signature of Certifying	Official	Certificate Number

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG302702 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK		
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST		1:59pm
AIR BLK		2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 3417 Test Date: 05/24/2024 Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:04pm
FLO	Pass Pass	2:04pm 2:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

#### Printer Tests

rest	Status	1,7100
PRNT	Pass	2:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:05pm
CAL	Pass	2:05pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced wi
serial number	0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	the day of day o
STOR	
STATE OF	12
STEEL S	()§)

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Date: 05/24/2024

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Gray, Kelly D Permit Number: 0037-7722 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG405101 Exp Date: 02/20/2026

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK		2:07pm
ACCY CHK		2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK		2:11pm
SUB TEST		2:13pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Key P. L.

Rev. 12/2007

#### WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3931 Test Date: 05/24/2024 Test Time: 2:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:16pm 2:16pm

Preventive Maintenance Status: Pass

Zes P. L.

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

serial number 1	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 3/ day of

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 05/31/2024

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J Permit Number: 0018-4401 Effective:

10/01/2023-10/01/2025

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG	Pass	12:38pm
AIR BLK	.00	12:39pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:44pm
ATR BLK	.00	12:45pm

Reported AC:\_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 05/31/2024 Test Time: 12:46pm EDT

Test Record Number: 921

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET ·	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

	maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 0,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
were performed	the 3 day of
	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 05/31/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: Burnette, Anthony J Permit Number: 0018-4401 Effective: 10/01/2023-10/01/2025

> Officer's Name: NONE. Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG302703 Exp Date: 01/27/2025

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:37pm 12:38pm 12:38pm
AIR BLK SUB TEST	.00	12:40pm 12:40pm
AIR BLK SUB TEST AIR BLK	.00	12:41pm 12:43pm 12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1910 Test Date: 05/31/2024 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

#### Temperature Tests

FC1 Pass	
SRC Pass DET Pass BAR Pass	12:46pm 12:46pm 12:46pm 12:46pm
BT Pass	12:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II and MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Y	Instrument Location Yancey County Jan
Instrument Se	erial No. 008653 Instrument Location Yancey County Jal.  Burnswille, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with 10,000 or higher) to be followed at least once every four months are:
(1)	Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcohol breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
(2)	Verify instrument displays time and date;
(3)	Initiate breath test sequence;
(4)	Enter information as prompted;
(5)	Verify instrument accuracy;
(6)	When "PLEASE BLOW" appears, collect breath sample;
(7)	When "PLEASE BLOW" appears, collect breath sample;
(8)	Print test record;
(9)	Run diagnostic program and confirm preventive maintenance status of "Pass"; and
(10)	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on were performed and Human Ser	the 13 day of
Green Apply	1904 668
	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 05/13/2024

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C Permit Number: 0024-4987 Effective: 10/01/2023-10/01/2025

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG308704 Exp Date: 03/28/2025

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.08	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:11am
AIR BLK	.00	. 11:12am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Knalyst

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1775 Test Date: 05/13/2024 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:16am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

Test	Status	Time	
PRNT	Pass	11:16am	

#### CRC Tests

Test	Status	Time
COMP	Pass	11:17am
CAL	Pass	11:17am

Preventive Maintenance Status: Pass

Analyst